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ABSTRACT

This document contains 16 papers on family roles and caregiving presented at a conference on aging. The papers, grouped into themes of trends and implications, resourceful roles (grandparenting and caregiving), and an agenda for the future, include the following: "Demographic Potential and the Quiet Revolution" (Opening Remarks by Robert A. Harootyan); "Family/Caregiving" (Executive Summary and Commentary by Richard B. Miller); "Family and Caregiving: An Overview" (Mary Brugger Murphy); "Intergenerational Programs for Children and Families at Risk" (Nancy Z. Henkin); "The Changing Picture of American Families" (Joan Levy Zlotnik); "The Role of Grandparents in Drug-Addicted Families" (Linda Burton); "The Regenerative Role of Grandparents" (Carolyn M. Gutowski); "Creative Grandparenting" (Robert Kasey); "Resourceful Roles: Grandparenting" (Ann Lawrence); "Resources for Caregivers: Ohio's Options for Elders Program" (Carol D. Austin); "Resourceful Caregiving Roles: The Case of Men Who Care" (Lenard W. Kaye); "Home Care Development in Fairfax County, Virginia" (Leslie K. Wiechmann-Roddy); "The Family Friends Program" (Mary C. Wolfe); "An Agenda for the Future" (Phyllis Moen); "Family Caregiving: Issues and Policy Options for the Future" (Robyn Stone); and "Family Caregiving: The Role of Employers" (Michael A. Creedon). A directory of 15 programs and resources is included, as are the tables of contents of the other 4 conference volumes. (KC)

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Conference Proceedings

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Volume III

FAMILY / CAREGIVING

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RESOURCEFUL AGING:
Today and Tomorrow

Conference Proceedings

Volume III
FAMILY/CAREGIVING

October 9–10, 1990
Arlington, Virginia

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New Roles in Society Program
American Association of
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Finally, a special thanks goes to the authors of the papers and the participants in the conference. Their knowledge, experience, and cooperation made the conference a lively event characterized by meaningful dialogue among a wonderful group of researchers, practitioners, policy makers, and exemplars of "Resourceful Aging: Today and Tomorrow."

The views expressed by the authors of the following conference papers are their own and do not necessarily represent formal policies of the American Association of Retired Persons. The papers are presented for information, debate, and discussion.

OPENING REMARKS

DEMOGRAPHIC POTENTIAL AND THE QUIET REVOLUTION

Robert A. Harootyan
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Washington, D.C.

Thirty million Americans today are age 65 and over, with the number projected to increase to 35 million older persons by the turn of the century. The official projection is likely to be an underestimate. Most Census Bureau projections in the past have been quite conservative estimates. It is feasible that by the turn of the century the number will approach 40 million.

During the last 30 years, the health of middle-aged and older Americans has improved substantially. In the 1990s, even greater advances are likely to occur. Major advances in biomedical technologies and drug interventions promise new ways to treat diseases, ameliorate their effects, delay their onset, and even prevent their occurrence. In the distant future, progress in genetic technologies is likely to generate even better treatment and prevention methods. Concomitantly, greater proportions of our population—at all ages—are adopting improved lifestyles and healthy behaviors.

The result is likely to be a population that not only lives longer but also lives healthier for a longer period of time. While diseases will still exist and take their toll on the oldest among us, their impact will be felt largely among the very old. These forces, when combined, are leading to what the New Roles in Society Program has called "the quiet revolution."

The Myopia of Negative Images of Aging

When most people talk about the growing elderly population, they become concerned about that growing number. There's no need to assume that those greater numbers are somehow a problem. This conference was not convened to explore the problems and burdens of an aging population. We have purposely avoided the orientations of most conferences on aging, where problems are described, burdens are emphasized, and the so-called demands of an aging society are discussed. Those are not the themes of this conference.

This myopia of thinking about the future older population can be crippling. We think there will be a healthier, more vital, increasingly active, more energetic, better educated, and more involved older population in the future than there is today.

We believe there is increasing recognition of the talents, experience, and

vitality among older persons. Resourceful aging is a theme that will receive increasing attention in the 1990s and beyond. This conference is a special opportunity for all of us—and our colleagues in program management, policy development, advocacy, and research—to focus even more attention on this issue. It's an opportunity to seek out the philanthropic sector, the business community, voluntary and civic organizations, and the aging network to be more involved in creating opportunities for resourceful aging. We can promote greater awareness and understanding of older people as resources in our society. And the more attention we pay to this idea *today*, the better off everybody—all generations—will be in the years to come.

"We will highlight what works and how today's 'exceptions' can be tomorrow's 'rules'—a new vision of what life could be like in an aging society."

This conference seeks to foster not only a new image, but a new reality of what it means to be an older person and a participant in our society *throughout* one's lifetime.

I'd like to share a true story about one exemplar of vibrant aging. Henry Stenhouse, a gentleman from North Carolina, was campaigning for a seat in the U.S. Congress.

Lots of people run for public office. What was so special about this case? There were three things. First, he drank rum and Gatorade. Maybe the rum makes it taste better or makes it work better. The second fact may be related to the first one: Mr. Stenhouse was 100 years old! That alone should make some of us think more openly and creatively about resourceful aging. The third fact is the confidence that Henry showed in response to a very pointed question from someone about his qualifications for public office. Henry, without missing a beat, said that he was "as qualified as anybody else because I can talk all day and say nothing." Mr. Stenhouse lives and breathes resourceful aging both mentally and physically.

During this conference, we will focus on the positive and resourceful aspects of aging in our society. Exemplars such as Henry Stenhouse will be showcased. We will explore the implications of a longer living population and stimulate increased awareness of the productive resources of midlife and older persons. We will highlight what works and how today's "exceptions" can be tomorrow's "rules"—a new vision of what life could be like in an aging society.

The conference has been organized into four tracks: family and caregiving, work and second careers, lifelong education, and volunteerism. Within each track, we will examine trends and their implications; describe resourceful roles that midlife and older people play; examine what resources are available or are necessary for these role options to become more commonly available; and develop an agenda for future action. The action agenda will include projections of needed programs, policies, research, and attitudinal and societal changes.

We are especially fortunate to have three exciting speakers for the plenary

sessions during the conference: Dr. James Birren, Director of the Borun Center for Gerontological Research at UCLA; the Honorable George Romney, National Chairman of VOLUNTEER - The National Center; and Robert Maxwell, President of AARP.

This conference is not an end. It is a beginning. It is a catalyst for generating the possibilities and opportunities for Resourceful Aging: Today and Tomorrow.

Robert A. Harootyan is Director of the New Roles in Society Program at the American Association of Retired Persons (AARP). His experience in the field of aging includes positions as Senior Analyst at the Office of Technology Assessment (U.S. Congress), Deputy Director of the Reverse Annuity Mortgage Program, San Francisco Development Fund, Associate Director for Research at the American Society on Aging, and Special Research Consultant in the Director's Office of the California Department of Aging. Prior to these positions, he served on the faculties of Cornell University, the University of Southern California (Andrus Gerontology Center), and the State University of New York at Oswego.

EXECUTIVE SUMMARY AND COMMENTARY

FAMILY/CAREGIVING

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In October 1990, a group of people interested in older persons as resources to their communities and families participated in a national invitational conference entitled "Resourceful Aging: Today and Tomorrow." The family sesssions within this conference focused on older persons as caregivers or grandparents to their own or others' families. This summary and commentary highlights the presentations and audience discussion during the family/caregiving sessions.

As in the three other issue areas, participants in the family/caregiving sessions heard presentations by researchers, practitioners, policymakers, and "exemplars" of resourceful aging—older persons who daily exemplify resourceful roles and behaviors by volunteering their own time (or developing programs) to assist families with caregiving, parenting, or grandparenting activities and responsibilities. The researchers, practitioners, and policymakers discussed their relevant research, programs or projects, and public and private policies concerning such issues as intergenerational relationships; grandparenting, both biological and surrogate; and caregiving in the home or community.

Although the presentations differed in many respects, one common theme unites them all: older persons are valuable family members and can serve as important resources to their own and others' families. As Carol Austin (this volume) points out, however, older persons should not be viewed as an unlimited resource. Like everyone else, they too get tired and need respite from their caregiving and grandparenting chores and responsibilities. Therefore, programs and policies must be devised to preserve and strengthen this valuable resource.

Demographic Changes: The Aging of American Families

American society has undergone a dramatic demographic transformation as a result of the rapid increase in life expectancy during the past century. Not only are more people surviving into old age than ever before, but the number and proportion of persons aged 65 and over has increased. At the turn of the century, for example, only 3.1 million Americans were over the age of 65, representing 4.1 percent of the total population. This age group was projected to reach about 31 million, or

12.7 percent of the entire U.S. population, by 1990 (Soldo and Agree, 1988).

This demographic change has had an equally dramatic, though less well recognized, impact on family relationships. Because life expectancy has increased and a higher proportion of the population falls into the 65-and-over age group, family roles and relationships are being sustained for an unprecedented length of time (Bengtson *et al.*, 1990). For example, in the past, parents often died before children became adults; today, many middle-aged adults still have surviving parents. The percentage of middle-aged couples who have at least one parent alive increased from 48 percent in 1900 to 86 percent in 1976. Similarly, the percentage of middle-aged couples having two or more surviving parents also increased—from 10 percent to 47 percent over the same period (Uhlenberg, 1980).

Increased life expectancy is also reflected in a greater number of family members of different generations who are alive at the same point in time. In the past, grandparents often died before their grandchildren were born. And even when young grandchildren had surviving grandparents, the grandparents usually died before the grandchildren reached adulthood. Today, the vast majority of grandchildren are able to maintain relationships with at least some of their grandparents well into adolescence and even into adulthood. For example, the probability of a grandchild who is 15 years old having three or more grandparents alive increased from less than one in five in 1900 to more than one in two in 1976 (Uhlenberg, 1980).

Studies of Aging Families

The "Isolated Nuclear Family Debate"

Despite the increasing number of potential within-family relationships later in life (due to increased longevity among the U.S. population), family research remained focused on the earlier stages of the family life cycle for the first half of this century (Troll, 1971). Family researchers were most interested in studying such topics as infant-parent interaction and adjustment to marriage.

Research on family relationships in later life became more widespread in the 1950s as a response to claims by some scholars that families in modern society were neglecting their elderly family members (Hagestad, 1987). Talcott Parsons (1943), for example, suggested that young families were moving to cities and leaving their parents behind in rural America. He feared that American society was changing from one with "extended families" to one with "isolated nuclear families." As Hagestad (1987) pointed out, these scholars believed that this isolation was shown not only by increased physical distance among family members, but also by decreased contact and weakened affective ties between middle-aged children and their parents. Moreover, Parsons feared that families were beginning to hand off to government agencies what should be their personal commitment to take care of their disabled elderly relatives.

Intergenerational Contact and Attachment. These concerns and perceptions spawned a considerable amount of research on intergenerational relationships among social scientists from a variety of disciplines. These researchers found little support for the claim that older persons in modern society are physically and emotionally more isolated from their children and grandchildren than had been the case among earlier generations (Aldous, 1987; Bengtson and Treas, 1980; Brody, 1985; Mancini, 1989; Shanas, 1979; Troll, 1986). In fact, studies consistently showed that the vast majority of elderly parents and their adult children maintain close feelings of attachment toward each other (Treas and Bengtson, 1987). For example, Cicirelli (1983) found that 87 percent of the adult children in his study felt close to their elderly fathers and 91 percent felt close to their mothers. Only two percent felt "not at all close" to their fathers, and none felt distant from their mothers. And a recent national study of older adults who live alone found that 81 percent of those with children had contact with a child in person or by telephone at least once a week. Moreover, 57 percent had both personal and telephone contact (U.S. Department of Health and Human Services, 1986).

Living Arrangements. There has been a trend away from elderly parents and their children living in the same household (Treas and Bengtson, 1987). For example, in 1940, 15 percent of men and 30 percent of women over age 65 lived in households that included other family members in addition to their spouses. By 1975, these percentages had declined to 4 and 13 percent, respectively (Mindel, 1979).

The trend away from intergenerational households does not necessarily mean that adult children are abandoning their elderly parents (Mindel, 1979; Soldo and Agree, 1988; Troll, 1986). Historically, three-generational households have never been the norm in American society (Treas and Bengtson, 1987). Even in colonial America, when average life expectancy was considerably lower, the multigenerational household was the least common living arrangement (Kobrin, 1976; Nydegger, 1983).

Moreover, of the multigenerational households that did exist in years past, many were formed by economic necessity and not by choice (Bengtson and Treas, 1980). In times of economic prosperity, generations have tended to live separately, whereas in harsh economic times, they have lived together on a temporary basis (Troll, 1986). Also, before pensions became common, older persons generally could not afford to live independently. As the majority of older persons have enjoyed increased affluence, however, they have been able to maintain their own households (Bengtson and Treas, 1980).

Indeed, the preferred living arrangement among older persons, in both the past and the present, has been for living quarters separate from collateral relatives and/or adult children (Nydegger, 1983; Treas and Bengtson, 1987). But most older persons also want to have their children living nearby. This preference has been termed "intimacy at a distance" (Rosenmayr and Kockeis, 1963). One study found that 98 percent of white elders preferred to

live in their own residences rather than with an adult child. Eighty-three percent of blacks and 72 percent of Mexican-Americans also reported a preference for separate living quarters (Bengtson *et al.*, 1981).

Consistent with their preference for separate but geographically close residences, most older persons in this country do, in fact, have at least one adult child who lives nearby. One national survey, for example, found that 72 percent of older adults who live alone (because they are widowed, divorced, or never married) have at least one child living within a few minutes of them (U.S. Department of Health and Human Services, 1986). Moreover, Shanas (1979) reports that the percentage of children living in such proximity to their parents' homes changed very little between the 1950s and 1970s.

Based on her review of the literature on aging families in the 1960s, Lillian Troll (1971) concludes that extended family relationships are still important in American society and that there is a high level of interaction among family members—especially among adult children and their aging parents. Research on intergenerational relationships, then, suggests that older persons are important, integral members of today's families.

Caregiving Research

Since the mid-1970s, the focus of research on the aging American family has shifted from the "isolated nuclear family debate" to the challenges family members face in caring for their dependent elderly relatives (Hagestad, 1987). With increasing numbers of older persons living into their eighties and nineties, families are faced with unprecedented caregiving tasks and responsibilities. Many, in fact, make enormous financial and personal sacrifices to meet the needs of their frail elderly relatives (Brody, 1985; Gatz *et al.*, 1990).

Most recently, family-related research has been exploring the stresses inherent in family caregiving (Chiriboga *et al.*, 1990; Zarit *et al.*, 1985), as well as public policies and intervention strategies that can provide relief to caregivers (Hooyman, 1990; Lawton *et al.*, 1989). There is also, however, an emerging literature, as well as a number of programmatic applications, that demonstrate the resourcefulness of older persons in caregiving and other family-related roles.

Older Persons as Family Resources

Research on caregivers and the caregiving role has helped practitioners and families better understand the stresses of caring for dependent elderly relatives and develop strategies to relieve caregiver burdens. However, this research may have had the unintended effect of creating an image of older persons as simply inactive recipients of the care. As James Birren stated in his keynote speech to this conference (this volume), we too often focus on the deficits or limitations of older persons, rather than on their strengths and resourcefulness.

While many older persons *do* have chronic disabilities or limitations that require the assistance of others (particularly in the elders' last years of life), many also can and do contribute personally and professionally to society, their commun-

ities, and their own and other families. Regardless of whether they have physical limitations or disabilities, elders are valuable resources as biological or surrogate grandparents and parents, as caregivers, as volunteers in intergenerational programs, and as "self-starters" who develop new programs to assist families.

Grandparents as Resources

While grandparents have always been important family resources, research on grandparenting has gained prominence in recent years. In their book, *The New American Grandparent* (1986), Cherlin and Furstenberg cite five reasons for increased attention to grandparenting. First is the increased longevity of the population, which means that more people have the opportunity to be biological grandparents.

A second, less obvious reason is that fertility rates have dropped, making the grandparent role more "distinct" (Hagestad, 1988). Since the beginning of the 20th century, the average number of children born to American women has declined by half—from 3.6 to 1.8 (Uhlenberg, 1987; Zlotnik, this volume). When families had 8 to 10 children, parents were typically still taking care of young children when they themselves became grandparents (Uhlenberg, 1987). It was not uncommon, in fact, for some children to be younger than the oldest grandchildren. Hence, grandparent and parental roles were often blurred. With fewer children to be cared for today, however, parenting has become distinct from grandparenting.

Third, technological advances in travel and long-distance communication have made it easier for grandparents to establish and maintain relationships with their grandchildren. In the past, it was difficult for grandparents and grandchildren to maintain contact if they lived far away from each other. But today, freeways, and reliable and comfortable cars, buses, and airplanes have made traveling a few hours or a few days possible and popular for many grandparents. In addition, the increased access and affordability of long-distance telephone service has enabled grandparents and grandchildren to talk with each other regularly, even when they live thousands of miles apart.

Fourth, the institution of a shorter workweek, age-based mandatory retirement policies, liberal pension benefits, and other inducements to retire from the paid workforce have enabled older persons to spend more time with their grandchildren and pursue other nonwork-related activities. It used to be that grandparents often worked long hours six or seven days a week, making it difficult for them to spend any time with their grandchildren. Although many grandparents today are still busy with work, community, and other family activities, most can find time to visit with their grandchildren who live in the same town or a few hours away.[1]

Finally, though poverty remains a problem for some elders (especially widows and those over age 85), Stone (this volume) reports that the improved financial well-being of many older persons in this country—in particular, those under age

[1]Whether the elimination of age-based mandatory retirement policies will have an effect on time spent with grandchildren in future years remains to be seen.

75—due to Social Security and private pension benefits, has also made it easier for grandparents to visit with their grandchildren.

The Emerging Grandparenting Roles

Any discussion of grandparents and grandparenting must recognize that there is considerable diversity among grandparents who live in the United States (Bengtson, 1985). They vary, for example, in the number of grandchildren they have, in their geographic proximity to their grandchildren, and in the quality of their relationships with their own children (the middle generation), who may or may not be divorced. Grandparents also vary in their personal characteristics, such as age, labor force participation rates, marital status, community involvement, and health (Troll, 1985).

Despite their diversity, however, grandparents almost universally recognize that they represent an important resource to their grandchildren. In one study, 94 percent of new grandparents acknowledged their responsibility to serve in this capacity (Crawford, 1981). The various ways that grandparents meet this family need can be discussed as functions of two general roles: nurturing their grandchildren, and being a stabilizing influence on the family during family crises.

Grandparent-Grandchild Nurturing. The relationships that grandparents develop with their grandchildren can have a positive effect on the lives of the young. Tinsley and Parke (1987) found that grandchildren who had frequent and regular contact with their grandparents during infancy had higher scores on tests of mental development than infants who rarely saw their grandparents. Research also suggests that children who have a close relationship with their grandparents have an opportunity to develop a more positive attitude toward older people in general and are less likely to exhibit "ageism" (Kornhaber and Woodward, 1981; Tinsley and Parke, 1984).

In addition, a child's positive experiences with a grandparent influence that child's own attitudes when he or she becomes a grandparent decades later. When asked about their childhood relationships, grandmothers who had a meaningful childhood experience saw grandmotherhood as a more central role in their lives. Although the childhood experience was less influential for grandfathers, those who had meaningful childhood experiences with their own grandparents tended to be more indulgent with their grandchildren (Kivnick, 1982).

"Family National Guard." Though they do spend a considerable amount of time establishing and enjoying their relationships with their grandchildren, grandparents are usually careful not to interfere in their children's families. They usually adhere to the "norm of noninterference" (Cherlin and Furstenberg, 1985), trying not to become involved with the family on a day-to-day basis. Instead, they give the parents of their grandchildren plenty of leeway to manage their families by themselves. However, most grandparents are ready, when asked, to step in and assist their children's families during periods of crisis (Greenberg and Becker, 1988).

Grandparents often act as family resources, for instance, during the upheaval of a child's divorce—an increasingly common phenomenon among the middle generation (Zlotnik, this volume). At such a time, grandparents tend to increase their involvement with their grandchildren, helping out financially, doing babysitting, and even offering them (and the parent) a place to stay (Cherlin and Furstenberg, 1986; Gladstone, 1988; Johnson, 1988). However, after the period of adjustment to the divorce is over, the parent and the grandchildren typically reestablish their autonomy and residential independence. The grandparents then resume their noninterfering, nurturing relationships with their grandchildren but remain available for assistance, should another crisis occur. Consequently, grandparents have been referred to as the "family national guard" (Hagestad, 1985), a phrase that reflects their role as a stabilizing influence on their children's families when needed (Troll, 1983). This is illustrated by the comment of an 84-year-old grandfather, who, when asked how he helped his grandson, responded, "What do I do for my grandson? I guess just being here . . . in case he needs me" (Hagestad, 1985).

Linda Burton (this volume) discusses some examples of the roles black grandparents have played during family crises in drug-infested, inner-city neighborhoods. The grandparents in her study typically became "surrogate parents" to their grandchildren because one or both of the childrens' parents were addicted to drugs and, as a result, were almost completely dys-functional. In some cases, these grand-parents assumed complete and even long-term responsibility for the rearing of their grandchildren while also trying to help their troubled children. These surrogate parents tended to be younger than most grandparents; some were only in their early thirties. Thus, their self-appointed parenting activities often required them to balance multiple competing tasks, and left them with even more stresses to cope with in their already stressful lives. But they were committed to trying to stabilize their children's families, to finding appropriate help for their drug-addicted children, and to rescuing their grandchildren from a difficult and rough environment in which to grow up.

"What do I do for my grandson? I guess just being here . . . in case he needs me."

Although grandparents often assist their grandchildren directly, they also provide indirect assistance through the grandchildren's parents. Grandparents often act as "social support" to their adult children, which helps the latter function better in their parental roles (Tinsley and Parke, 1984). For example, Abernathy (1973) found that the frequency of contact between a woman and her mother was the single most important predictor of that woman's sense of maternal competence. Another study found that young parents whose own parents had been an important part of their social support network tended to interact more effectively with their own infants (Tinsley and Parke, 1987).

Role Ambiguity. Despite being an important resource to their families, grandparents often experience some ambiguity about how involved they "should" be in their grandchildren's lives (Wood, 1982). Enjoying the relationships they have with their grandchildren and wanting to be helpful, they sometimes wonder just how they can best influence their grandchildren. Such ambiguity is due mainly to the fact that the grandparenting role is still evolving in American society today (Hagestad, 1985). As Shanas (1980) suggests, today's grandparents are "demographic pioneers" in that they are operating in relatively uncharted territory. Society has not yet developed clear norms for the varied roles older adults play (Riley and Riley, 1986).

Model of Grandparenting

To clarify this uncertainty, Carolyn Gutowski (this volume) developed a "regenerative model" of grandparenting that can be used when designing educational programs for grandparents. Her model is intended to help grandparents become more aware of their diverse roles, to teach them how to enjoy their relationships with their grandchildren, and to help them discover their own true "potential" (which adds meaning and value to life). Gutowski's model envisions the grandparenting role as multidimensional: vis-a-vis their grandchildren, grandparents can be nurturers, family historians, mentors, models of successful aging, and sages. Moreover, it conceptualizes grandparents not only as a resource to their grandchildren, but also as persons capable of being enriched themselves during the process of grandparenting.

Robert Kasey (this volume) discusses the insights and life experiences that led him to develop the concept of "creative grand-parenting" and to found a nonprofit organization based on its principles. Following retirement from a successful career, Kasey was looking for renewed meaning in his life. After a great deal of soul-searching, he discovered that his relationship with his grandchildren was a potential source of fulfillment for himself as well as for them. Creative Grandparenting, Inc., of Wilmington, Delaware, now provides a forum for grandparents to learn how to seize opportunities for mutually fulfilling activities and interactions with their grandchildren. The program focuses on developing and strengthening relationships between grandparents and their grandchildren (and other intergenerational relationships involving older persons and youngsters) through high-quality interactions that "add value" to both the grandchild and the grandparent. Kasey sees his work and program as capable of unifying and strengthening family life.

Another program that seeks to strengthen relationships between grandparents and their grandchildren was developed by Ann Lawrence (this volume), coordinator of the Elderhostel Program at Strathcona Park Lodge, Vancouver Island, Canada. At the suggestion of some guests at the lodge, Lawrence developed an "Elderhostel and Grandchildren Program," in which grandparents bring a grandchild to spend a week with them at the lodge. During the week, the grandparents and their grandchild (typically aged 9-14) share new activities such as rock climbing, map and compass orienteering, canoeing, and

wilderness survival. The setting and interpersonal environment create an atmosphere in which participants can learn more about each other and develop more meaningful relationships.

The Realm of Intergenerational Programming

Not only are grandparents an important resource in their own families, but older persons also provide assistance and support to other families with children or adolescents. Older adults are often in the unique position of being able to help establish useful and meaningful relationships with children in families other than their own.

Many intergenerational relationships and close bondings among persons unrelated by blood are established informally through neighborhood or church-related activities. But hundreds of formal programs have also been created to enable older persons and children to interact together in mutually beneficial ways. Such programs have been established in schools and preschools, agricultural settings, jails, churches, and art museums.

Three Exemplary Programs

Foster Grandparent Program. The Foster Grandparent Program, administered by the federal ACTION Agency, has become one of the most popular intergenerational programs in the country. It got started as a mechanism to meet the dual needs of aging persons who wanted more meaningful activities and personal relationships in their own lives and of children with special problems. A Foster Grandparent serves 20 hours each week, dividing that time among two or three children and providing them "with attention, affection, encouragement, and guidance" (Saltz, 1985, 25). Begun in 1965, the program has grown remarkably; by 1984 it included 19,000 Foster Grandparents and over 65,000 children throughout the country.

Family Friends. Another intergenerational program is Family Friends, sponsored by the National Council on the Aging. In this program, older persons volunteer to spend four hours each week working one-on-one with a chronically ill or disabled child and his or her family. Started in 1984 in the Washington, D.C., area, Family Friends is now available in eight cities. One volunteer, Mary Wolfe (this volume), discusses her role and experiences as a Family Friends volunteer. Among the children she has nurtured are a boy born with spina bifida and mental retardation and a girl who has cerebral palsy. Wolfe describes herself as a surrogate grandparent to the disabled child, giving love and affection, helping with homework, giving advice and encouragement, and "listening." She also helps the parents as they struggle to cope with the stresses of parenting an ill or disabled child.

Linking Lifetimes. Nancy Henkin (this volume) has developed a program called Linking Lifetimes, based at the Center for Intergenerational Learning of Temple University. This program, which now operates in 11 different cities and focuses most of its intergenerational activities in the local youth centers, uses older volun-teers to work with inner-city

youth at high risk of developing social and personal problems. As Burton notes, the parents of such youngsters often are unable to nurture these children adequately because of their own problems. Thus, the older volunteers who work with the youth can provide both a stabilizing influence on their lives and the loving parenting they need.

In the Linking Lifetimes program, older volunteers sometimes work with refugee families, whose intergenerational continuity is lost because the grandparents either still live abroad or have not learned enough English to communicate successfully with the younger generations in their families. (As the grandchildren learn the ways of American culture, they often lose touch with their grandparents and, in some cases, cannot speak their grandparents' native language.)

"Older persons are an important, but as yet untapped, resource of high-quality child care workers."

Because the kinds of older persons needed as volunteers typically have low incomes, Linking Lifetimes provides modest stipends to offset the costs of participation.

Henkin's Center for Intergenerational Learning has also established programs in which older adults work as volunteers or paid employees in child day care settings. As Mary Brugger Murphy (this volume) states, the increasing proportion of working women with preschool children has made the provision of adequate child day care a crucial need. Like Henkin, Murphy views older persons as an important, but as yet untapped, resource of high-quality child care workers. In particular, older adults can often act as substitute grandparents to children, providing nonjudgmental acceptance, nurturance, and love.

Benefits of Intergenerational Programming

The intergenerational relationships fostered through the kinds of programs discussed above are often invaluable to both the child and the older adult. One study compared institutionalized, orphaned, and neglected children who participated in the Foster Grandparent Program with children in a comparable institution without the program (Saltz, 1985). In this study, children who had participated in the program maintained their IQ scores upon retesting, whereas those who had not been in the program experienced a decline that is typical of young children raised in institutions. In addition, children in the former group became more sociable and less aggressive than those in the comparison group. The Foster Grandparents also benefited, reporting enhanced self-esteem, renewed feelings of health and vigor, new and satisfying social relationships with peers, and increased direction and meaning in their lives. They also claimed that their most satisfying reward in being a Foster Grandparent was feeling needed and loved by their Foster Grandchildren (Saltz, 1985).

Many other studies demonstrate that intergenerational programs can and do

benefit both the younger and the older generations (for example, Chapman and Neal, 1990; Glass and Trent, 1985; Lyons *et al.*, 1985; Newman *et al.*, 1985). Having evaluated the effects of an intergenerational program in a school setting, Newman concludes:

> [I]t is clear that the consistent interaction between young and old in these intergenerational school programs improves older persons' feelings of life satisfaction and children's academic and social growth and attitudes toward the elderly (1985, 24).

Need for Adequate Planning

However, not all intergenerational programs have had beneficial effects on both or all generations involved (Seefeldt, 1985). Simply to recruit older adults and put them in the same room with a group of children or teenagers can create frustration and negative feelings between the generations. Thus, for intergenerational programs to achieve positive results, they must be carefully planned and implemented (Henkin, this volume). Specifically, they must have a well-defined purpose and provide thorough training, an atmosphere of cooperation, and opportunities for mean-ingful interaction among the generations (Seefeldt, 1985). And when such programs are successful, older persons can be a valuable resource to children and adoles-cents and can find their own lives enriched.

Older Persons and Family Caregiving

As the number of older Americans has increased, especially in the 85-and-over age group, the need to provide care for disabled elders has also increased. An older person is considered disabled if he or she requires assistance with one or more activities of daily living (ADLs) or instrumental activities of daily living (IADLs). ADLs include eating, transferring (from bed to chair and chair to bed), toileting, bathing, and dressing. IADLs include preparing meals, doing laundry, getting around outside the house, shopping for groceries, doing light housework, telephoning, taking medications, and managing finances. Stone and Kemper (1989) estimate that there are 4.4 million disabled elderly living in the United States who have a living spouse or child. Of these 4.4 million, only 900,000 live in nursing homes (Stone and Kemper, 1989). At the same time, about 7.3 million persons provide informal (i.e., nonpaid) care to disabled elders; of that number, about 4.2 million are either spouses or children of the care recipients (Stone and Kemper, 1989). However, as many as 14 million persons can be called informal caregivers, if providing emotional and/or financial support are also regarded as caregiving activities (Stone, this volume).

Adult Children as Caregivers. Among adult children who take care of a disabled parent, caregiving tasks generally reflect traditional gender role activities, with daughters providing the bulk of the personal care (such as bathing and dressing) (Kaye and Applegate, 1990; Montgomery and Kamo, 1989; Stoller, 1990). Daughters are also more likely to provide emotional support, whereas sons (who account for 23 percent of the primary caregivers who are adult children, according to Stone and Kemper [1989]) are more likely to provide

help with IADL activities, such as keeping their parents' home in good repair and helping with financial matters.

Much of the research on caregiving has focused on women, especially daughters who provide hands-on care to their disabled elderly parents. This is because daughters are three to four times more likely than sons to be caregivers (Stone and Kemper, 1989), and the burdens and stresses these women often experience as they struggle to meet multiple role demands have been clearly identified (Brody, 1985). Brody (1981) coined the term "women in the middle" to describe women who are trying to fill competing role demands and meet the needs of one or more disabled parents as well as of a husband, minor children living at home, and a career.

Finally, many children who are caregivers to their parents—about 12.9 percent of daughters and 8.9 percent of sons—are themselves age 65 and older (Stone *et al.*, 1987). Stone and Kemper (1989) estimate that, nationwide, this amounts to more than 300,000 elderly children who actively provide care to a disabled parent.

Spousal Caregivers. Although adult children provide invaluable support to their disabled parents, most primary caregivers are spouses, who are often older persons themselves. Of the 2.6 million Americans who have the primary responsibility for taking care of a disabled family member, 55.2 percent are spouses of the care recipients (Stone and Kemper, 1989). And it is important to recognize here that spousal caregivers differ from adult children who take care of their disabled parents in several key respects.

For example, spouses are much more likely than adult children to live with the care recipient. Stone and her colleagues (1987) report that virtually all caregiving spouses live with their husbands or wives, whereas only 61 percent of adult children who take care of a disabled parent live with that parent. Spousal caregivers, therefore, are more often faced with the responsibility of 24-hour-a-day care.

In addition, spousal caregivers—themselves typically older persons—are more likely than caregiving adult children to be in poor health; in fact, half of the caregiving husbands and 43 percent of the caregiving wives rate their own health as being only fair or poor. In contrast, fewer than one-third of the caregiving children report being in fair or poor health (Stone *et al.*, 1987).

Finally, spousal caregivers are more likely than child caregivers to have low incomes, with more than one-third of them living near or below the poverty line (Stone *et al.*, 1987).

Also noteworthy is that, although women assume the bulk of caregiving responsibilities (Brody, 1985), 38 percent of spousal primary caregivers are male (Stone and Kemper, 1989), almost all of whom (97 percent) assume primary caregiving responsibilities (Stone *et al.*, 1987). These husbands are involved in the full range of caregiving activities, including housekeeping, attending to personal care, administering medications, and shopping (Kaye, this volume). For example, in one nationally representative study, 70 percent of caregiving husbands assisted with feeding, bathing, dressing, and toileting; 89 percent of them performed household chores (Stone *et al.*, 1987).

Strengthening Family Resources. Although caregivers are a tremendous resource to family members, Austin (this volume) reminds us that they are not an unlimited, renewable resource. Indeed, as noted above, caregivers often pay a heavy price for the care and assistance they provide. In one study (Pruchno and Resch, 1989), one-third of the spousal caregivers reported feeling "greatly burdened" in caring for their spouse, while another third felt "somewhat burdened." Caregivers have been found to be more depressed, anxious, and hostile than comparable noncaregiving populations and have experienced deterioration in their own physical health as a result of their caregiving responsibilities (Gatz *et al.*, 1990). They are more likely than noncaregivers to experience fatigue, stomach problems, weight changes, and headaches (Hooyman, 1990).

A number of programs, including home care, adult day care, respite care, and hospice programs, have been developed to alleviate the physical and emotional stresses associated with prolonged caregiving. At the Resourceful Aging Conference, home care and the issue of linking the needs of families to available programs received particular emphasis.

Home care refers to a wide range of medical and supportive care services that are provided in the home rather than in a hospital or other institutional setting. Its goal is to enhance independent living by "empowering" the disabled person, as well as his or her caregiver(s) (Wiechmann-Roddy, this volume). One way that home care can accomplish this goal is by ensuring that the medical and other life-sustaining services required to minimize hospitalization and prevent or delay placement in long-term care facilities are brought into the home.

The increased use of home care services for disabled or homebound elders is one of the most important developments in recent years. Its value to the care recipients, as well as to the caregivers, has been established in countless localities across the country. For example, a needs assessment study conducted by the Area Agency on Aging in Fairfax County, Virginia, showed that home care was the highest priority health care need in the county (Wiechmann-Roddy, this volume).

The availability of home care services can help families with elders who require long-term health or supportive care by providing ancillary support to the caregiver. Meals on Wheels, for example, helps relieve some of the burden of caring for a disabled relative by delivering meals to older persons in their homes. Other home-based services typically offered by counties or cities include homemaker/home aide services, in which workers clean the older person's home and perform other common household tasks; personal care services, in which workers help an elder with personal hygiene such as bathing, toileting, and brushing teeth; and respite care, in which paid workers take care of a dependent elder on a temporary basis to "spell" the caregiver. Such services help caregivers manage their own stress levels while continuing to meet the demands of caring for a disabled relative (Montgomery and Borgatta, 1989).

Linking People to Services. Although numerous programs have been developed to support caregivers, many caregivers never use them (U.S. Congress, Office of Technology Assessment, 1990). The principal reason for this is that the uncoordinated, fragmented nature of many health and supportive care service delivery systems in this country often makes finding appropriate services seem to caregivers like entering a maze (Austin, this volume).

The Ohio Department of Aging recently developed a pilot program to provide caregiving support by helping to make existing services for the elderly and their caregivers more accessible (Austin, this volume). Called Options for Elders, this program enables older persons or their caregivers to gain access to the whole "system" via one point of entry: a telephone number. This number puts the caller in contact with an advocate who "triages" the level of needs expressed and provides referrals to an appropriate array of community-based services to meet those needs. In this way, a caller's needs can be assessed immediately, and arrangements can be made for timely delivery of services. In its first four months of operation, the program handled more than 4,500 inquiries and successfully addressed a wide range of needs among caregiving families.

Corporate Support for Caregiving. For caregivers still in the labor force, the competing demands of working and caregiving are often stressful. One national study (Stone *et al.*, 1987) found 9 percent of caregivers reporting that they had to quit their jobs because of the demands of providing care. Among those who continued working, one in five felt that their caregiving responsibilities conflicted with their employment re-sponsibilities; they reported working fewer hours, rearranging their work schedules, and taking time off without pay to meet their caregiving responsibilities. In another study (Scharlach and Boyd, 1989), 37 percent of caregiving workers (compared with only 23 percent of noncaregiving workers) reported that they had missed work in the past two months because of family responsibilities. In that study, employees caring for an elderly person and those caring for a young child reported the same level of conflict between work and family obligations. Not surprisingly, those with both child care *and* elder care responsibilities reported experiencing the most conflict.

Corporations are beginning to develop programs to accommodate the demands placed on working caregivers. For example, some corporations now provide adult day care centers where employees' disabled relatives can be cared for during working hours; one study, reported on by Creedon (this volume), suggests that 10 percent of American corporations may have such facilities by the turn of the century (Scharlach and Boyd, 1989). In addition, many companies are beginning to offer flexible work schedules for their employees with caregiving responsibilities; an estimated 15 percent of firms in the United States already do so (Creedon, this volume).

While these trends are encouraging, much more needs to be done by the private sector to assist workers who have caregiving responsibilities. Employees have reported that programs such as flexible work schedules and "family illness hours" are helpful where available. They have also

expressed the need for additional employer-based services and programs, such as information centers about services for seniors, counseling, lunchtime seminars, and support groups in the workplace (Sharlach and Boyd, 1989).

Future Directions

In future decades, family structures will become increasingly complex and diverse for two major reasons. The first is the high rate of divorce in American society. Although the divorce rate leveled off during the 1980s, the probability that a couple will divorce remains at about one in two (Raschke, 1987). Between 75 and 80 percent of those who divorce will eventually remarry (Teachman *et al.*, 1987). In fact, about 44 percent of all marriages today include at least one spouse who is married for the second time (Spanier and Furstenberg, 1987). As a result of these transitions in marital status, single-parent and remarried families are expected to outnumber nuclear families by the early 1990s (Ahrons and Rogers, 1987).

Thus, the typical nuclear family system is rapidly becoming more complex. For example, it is now possible for children to have four sets of grandparents; the lineages are the biological mother, biological father, stepmother, and stepfather. This new family pattern requires that grandchildren accommodate stepgrandparents and that grandparents adjust to having stepgrandchildren.

In addition, relationships between adult children and elderly parents will become more complex as the number of stepparents and stepchildren within families increases. It is conceivable that an adult child would have two households of parents with caregiving needs because the biological parents are divorced. And if the biological parents have remarried, the potential of caring for stepparents exists. In the likelihood that a stepparent would also have children who could help out, caregiving responsibilities between adult stepsiblings would need to be coordinated.

The second reason for the increasing complexity and diversity of family structures in the future is that the usual sequence and timing of transitions during the life course is becoming less common, less "lockstep." In the past, most men and women followed a uniform and traditional pattern in traversing the life course, with formal education taking place in the early years, followed by employment for a period of years, followed by the "leisure" of retirement (Moen, this volume). Men, for example, typically went to school for 20 years, worked for 40 years, and then retired. Women typically sequenced or combined work and family responsibilities. In recent years, however, many women have followed a "modified version of the traditional male life course," in which they work full-time outside the home in addition to shoulder-ing ongoing family responsibilities (Moen, this volume). Many couples are delaying having children until their late thirties and early forties. More of today's university and community college students are middle-aged, as older adults return to school to further their personal or work-related education. And the age of retirement, for both men and women, is becoming even more flexible. Thus, because more options are becoming available to persons of all ages and both

genders, the life course individuals follow will become increasingly diverse, creating more variety in inter-generational relationships.

Meeting Caregiving Needs

Although it is impossible to predict the supply of available caregivers, as well as the demand for caregiving assistance (Stone, this volume), families will most surely find the challenge of caring for their disabled members increasingly difficult in future years. The general trends toward smaller families and increased longevity will create a type of family structure referred to as the "beanpole family" (Bengtson *et al.*, 1990). Such a structure—with its several generations alive at the same time, but also small in size within each generation—will place more and more responsibility on fewer and fewer family members to care for a growing number of older family members for a longer period of time. Even today, demographers estimate that the average married couple has more living parents than they do living children (Preston, 1984).

"Whether acting as grandparents or surrogate parents, . . . older persons have the skills, wisdom, and willingness to assist their families and the community."

Because men are a largely untapped caregiving resource when it comes to providing care for disabled older family members (Kaye, this volume), their increased involvement in such activities could help ease the caregiving burdens more typically shouldered by women. The cultural stereotyping that has defined caregiving as gender-related behavior—appropriate for women only (Rosenthal, 1985)—and has served as a barrier to recruiting men into caregiving roles has begun to decrease (Strong and DeVault, 1989). Men as well as women are beginning to perceive male family roles as more encompassing than just being the "financial provider" or "breadwinner." Within the family context, men are becoming more involved in housework and child care (Cohen, 1987). Although it will take time for the transformation of gender roles to become widespread, these changes will probably extend to elder care as well, with more men performing routine caregiving tasks.

Policy Implications

Clearly, policymakers must assess the needs of families and design policies in the public and private sectors to help support the efforts of caregivers. Some policymakers fear that programs that provide such support could "send the wrong message" to caregivers, encouraging them to give up their family caregiving responsibilities in favor of paid assistance. These fears are based on the myth of the "isolated nuclear family," which assumes that family members are, or will be, unwilling to care for their family members themselves if alternatives (such as paid family caregiving) become available and

reimbursable (Brody, 1985; Hooyman, 1990). Consequently, policymakers have been reluctant to establish policies that might encourage family caregivers to use paid care instead continuing to shoulder the entire burden themselves.

Future public and private policies, then, must be based on the reality that family members willingly make considerable personal sacrifices to care for their dependent elderly family members. Public and private mechanisms to assist family caregivers would not decrease their commitment to performing family care; rather, they would provide the support caregivers need to cope better with the stresses of caregiving (Brody, 1985; Hooyman, 1990).

Conclusion

Rather than being passive family members, most older persons can, and do, act as resources to their family members and perform other valuable and valued roles in their communities. Whether acting as grandparents or surrogate parents, caring for disabled relatives, or otherwise engaging in intergenerational activities, older persons have the skills, wisdom, and willingness to assist their families and the community. As they continue to serve in these capacities and expand their involvement in the future, not only will families benefit, but older persons themselves will be enriched.

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OVERVIEW: TRENDS AND IMPLICATIONS

FAMILY AND CAREGIVING: AN OVERVIEW

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Of the many demographic trends appropriate for consideration in a conference such as this, I believe that one succinct summation of trends in the United States deserves special attention. That is the simultaneous aging of the population, the aging of the workforce, and the feminization of the workforce. Taken together, these three trends mean that traditional roles and relationships must change in future years. Even if we were to decide, for example, that the "traditional" role of the woman as full-time homemaker, mother, and caregiver to elders is absolutely appropriate and necessary, we would still need to find a way to support her in those roles—because she is also, by necessity, employed full-time outside the home. As a society, and as participants in this conference, we have the opportunity to look beyond traditional roles at what actually needs to be done, who can do it, and what help and support are required. We can try out new configurations of roles and responsibilities.

To begin with, who has the responsibility for child care? If the mother is employed (as the majority of mothers of small children now are), who will take care of the children? Why not mature, experienced, reliable individuals with time on their hands, a need for added income, and a need for human interaction and affirmation? Why not, then, older workers?

There are many reasons to consider employing older workers in child care. One major reason is that they can make a contribution to the labor force by performing much-needed child care services. A second is that they can provide a very positive influence in the lives and development of the children.

A few years ago the Department of Labor conducted a study which showed that significant increases in the size of the United States workforce are needed by the year 2000 (U.S. Department of Labor, 1988). It was clear then that we must consider nontraditional approaches to recruitment, training, and employment policies if we are to have an adequate sized workforce in the year 2000. As the number of older persons in the United States increases, along with increased life expectancy, older workers become a logical pool of potential workers—so logical, in fact, that they are already being tapped by farsighted employers. A few major employers have developed systems to retain their retirees and to recruit other older persons as workers. They generally offer a kind of flexibility in scheduling not possible during full-time, full-tilt careers.

In order to compete with other potential employers, child care programs

that wish to attract older workers will have to promote the special benefits they can offer—for example, the satisfaction that comes from making a contribution to the well-being of a new generation; and the feeling of usefulness and enhanced self-esteem and self-respect that comes with working in a nurturing role.

The benefits to the older person of working or re-entering the labor force in later years have been documented. According to data from a number of child care programs in Pennsylvania, in which older persons were aides or volunteers working with younger staff, two-thirds of the 108 older adults who completed their first year reported improvement in their feelings of being valued, 64 percent reported greater happiness, and 55 percent reported improvement in their general satisfaction with life (University of Pittsburgh, n.d.).

Another study—of 35 older workers in five child care centers in Memphis, San Francisco, and Pittsburgh—revealed that the intergenerational experience had a positive impact on their lives. The older workers reported an increase in feelings of being needed (76 percent), self-worth (75 percent), satisfaction with life (69 percent), gain of new knowledge (69 percent), and happiness (64 percent)(Newman and Riess, in press).

There are also special benefits to the programs that hire older workers. A study conducted by the American Association of Retired Persons (AARP) Worker Equity Program (1986) documented that older workers characteristically exhibit good attendance and punctuality, commitment to quality, loyalty, dedication, practical knowledge, solid experience, a good performance record, reliability, compatibility, and emotional stability on the job. Older workers also bring to any job a lifetime of experience and special skills which can be tapped.

It has also been claimed that older workers are especially suited to child care because of their willingness to take time with a child, to focus concentrated attention on that child, to listen carefully, and to proceed in all things with great patience. This may or may not be true. I have, in fact, observed some older workers who exhibit such traits in child care settings. It is necessary, however, to treat all such generalizations with caution—especially those that might be personality-related rather than age-based. While older workers can be positive and desirable members of the workforce in the child care arena, some very practical steps should be taken before hiring new entrants to the workforce in any field. These include creative recruiting, careful screening, and thorough, sensitive training.

"Child care programs that wish to attract older workers will have to promote the special benefits they can offer—for example, the satisfaction that comes from making a contribution to the well-being of a new generation."

Once the older worker is on staff, how can she (or he, as is sometimes the case) be used most effectively? What unique

attributes does an older person offer to the program? How do these individuals serve as a positive force in the lives of the children?

First, it is important to recognize that these new hires are individuals with their own extensive life experiences. All of them have had an opportunity to learn, to do, and to experience something special in their lives. It is important to take the time to get to know these recruits as individuals, and to find out what special skills or talents they have, and then to make room for those skills and talents to be used in the program.

What else do older workers have to offer the children? They offer children an opportunity to feel positive about aging. By getting to know these older persons as individuals—as productive and contributing individuals—the children gain experience with positive role models to counter the widespread negative images of aging and to prepare for their own aging.

Today, one in nine Americans is 65 or older; by the year 2020 the aging population will have more than doubled, and the population over age 85 will have tripled. There will be no room for negative stereotypes and biases.

The presence of older persons in child care programs offers children a sense of the continuity of life. In times of rapid and dramatic change we all need something constant to hang on to. When children are exposed to people of all ages, and at various stages in the life cycle, there can be a sense of continuity and linkage among the generations.

Older persons can provide nurturing to the children, and one-on-one attention that helps a child know how special and valued he or she is. Though parents in two-career families—some 60 percent of all American families today—may try to spend "quality time" with their children after work, there is so much to be done in the short period of time they do spend at home with their children that "special time" in the day care setting can be very valuable to the child.

Older persons can provide non-judgmental support. In the words of the authors of Generations Together's *Share It With The Children:* "No longer directly responsible for outcomes of a child's development, elders can give up their need to control behaviors. Since their self-esteem is less closely tied to child performance, they tolerate the minor mistakes children make" (Mack and Wilson, 1989, 3). Separation from parental expectations can be very helpful to the child.

Sometimes the older person can serve as a substitute grandparent. Especially in an area like metropolitan Washington, D.C., most children live far away from their biological grandparents and see them infrequently. Forming special rapport with an older person on a regular basis can offer some of the special aspects of the grandchild/grandparent bond. The older person can also develop a positive relationship with the young child through fulfilling very similar needs—that is, establishing (or re-establishing) one's identity, identifying one's place in the world, and deriving self-esteem from both of these.

Do such bonds just naturally form over time? Sometimes they do, but they can also be fostered through child care programs and through using some of the excellent curriculum guides now available.

I would like now to describe very briefly one special program that I was

fortunate enough to be part of—a preschool classroom staffed entirely by older persons. In updating myself on the progress of the classroom during the last two years, I learned that this program, called Side by Side, received a higher score than a number of centers that evaluated themselves using a self-assessment instrument developed by the National Association for the Education of Young Children (Jantz *et al.*, 1976). This was the case even though Side by Side had faced a significant number of unanticipated, unpredictable, and unavoidable problems. Despite these problems, the program was still able to thrive. Its older workers stayed on, and they, too, thrived.

Information is available on a number of intergenerational child care programs. Persons interested in starting their own programs are strongly encouraged to seek out those who have already done so and benefit from their experiences. Some of the variations include child care for infants, child care for infants with AIDS (Acquired Immune Deficiency Syndrome) (obviously very demanding and requiring very "special" older persons to work in such settings), child care centers located in nursing homes and retirement communities, and even child care combined with adult day care.

Many established programs other than child care also use or replicate the grandparent and grandchild relationship. The most well-known of these is the Foster Grandparent Program, begun in 1965 and originally designed for "exceptional" children or those with special needs in an institution. Over the years, the program has expanded. Variants even include working with convicted felons. Again, there are many programs that have been established and from which much can be learned.

Of the other types of programs in existence today, I would like briefly to mention the demonstration program known as Family Friends (Wolfe, this volume). Begun in 1986 and funded by the Robert Wood Johnson Foundation, Family Friends is a demonstration program in eight metropolitan communities administered by the National Council on the Aging. It began by taking on an incredibly difficult challenge, and has resulted in incredible benefits.

Through the Family Friends program, older volunteers assist chronically ill and disabled children and their families. The volunteer visits the child in the family home, becomes a surrogate grandparent to the child, and often a surrogate parent to the child's parent(s). Older persons are an excellent source of potential volunteers for this program because of their wealth of experience. Many of them have had personal experiences with physical limitations, grief, and social stigmatization. They themselves also may be searching for surrogate families because their own family members may be physically dispersed.

The children served in the Family Friends program have very severe handicaps—conditions that are not primarily psychiatric, but which limit the child and are very stressful for the family. Many of the children may also face the added handicap of impoverished and unstable home environments. Volunteers often work with the entire family, as well as with the mothers, who need direction and support to learn good parenting skills (if their children are to progress at all).

The National Council on the Aging was funded initially to provide technical assistance to the eight sites. It continues to be involved and is an excellent source of further information.

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INTERGENERATIONAL PROGRAMS FOR CHILDREN AND FAMILIES AT RISK

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The demographics we have talked about highlight the complexity of family problems and the need to look much more carefully at what is actually going on—not just in terms of problems, but also in terms of solutions.

The stresses for families at every life stage are tremendous today. From young adulthood to old age, families face unprecedented challenges as they try to meet the needs of their members. Young parents are often torn between the desire to stay home with their children and the need to move ahead in their careers. In a growing number of families, the assumption that the mother should take primary responsibility for nurturing the young is being questioned. As traditional roles continue to change, the number of options open to young families will grow—often creating conflict and tension.

The nature of family life in the middle years has also changed dramatically. Many parents who are ready for the "empty nest" phase of life find themselves providing for both their children and grandchildren. College graduates often choose to live at home because they can't find a job or survive financially. Adult children who face divorce are also returning "home" with their children.

A phenomenon occurring in many inner cities is the growing number of grandparents who are assuming primary responsibility for their grandchildren. These children have essentially been abandoned or rejected by their parents, many of whom are drug-addicted. This is a very stressful situation for older persons who may be facing significant life changes themselves. We do not know the long-term effect of this living arrangement on the emotional stability of the young children involved. How are they dealing with the loss of their parents? Do they worry about what would happen to them if Grandma or Grandpa got sick or died? We know very little about the complexities of this issue.

The emergence of two-generation geriatric families is also creating new dilemmas. As couples in their mid to late sixties prepare to retire, they are often confronted with the realities of an aging parent. Rather than excitement, retirees may experience feelings of guilt and/or anger. Decisions around living arrangements and caregiving responsibilities can result in increased marital stress.

All of these changes are making it increasingly difficult for families to successfully meet the needs of their members. In an effort to connect

vulnerable individuals and families to untapped resources in their communities, we at the Center for Intergenerational Learning have developed a variety of innovative cross-age programs. Three groups we have specifically targeted are: (1) families caring for disabled members, (2) refugee families, and (3) high-risk youth.

Families Caring for Disabled Members

Recent advances in the medical field have had a tremendous impact on both life expectancy for elders and the survival of children with chronic disabilities. The number of persons over 85 and children who are physically dependent is steadily growing, thus creating increased demands for long-term care and family support services. Reductions in federal funding have severely limited the ability of the formal service delivery system to meet these increasing needs. In-home services for both frail elders and children with special needs are minimal, and long waiting lists prevent many from accessing these services. Private home health care agencies are often unaffordable for families that face long-term caregiving. In addition, more women are entering the workforce and thus experiencing great difficulty performing the traditional role of caregiver.

At any given time, only 5 percent of persons aged 65 and older are receiving long-term care services in an institutional setting. The remainder are living at home, either alone or with family members. Those with severe chronic physical and mental impairments are often confined to their homes. Many are isolated and lack mental stimulation. They lose contact with the outside world, feel useless, and question the meaning of life. For families, the burden of caring for a frail elder can be overwhelming. Most caregivers are women, either the adult children of aging individuals or their spouses. They often experience stress in the face of competing demands from children, grandchildren, spouses, and careers. Many caregivers are initially unprepared to handle the complexities of caregiving, based on an unrealistic expectation that the client will eventually recuperate. When caregiving responsibilities become long-term rather than temporary, there are often signs of caregiver stress. Studies show that institutionalization of the client often occurs when the health of the caregiver breaks down, not when the client's health deteriorates.

Children who are physically or mentally impaired also experience a sense of isolation, uselessness, and low self-esteem. Although most attend school during the day, they lack extended social networks and opportunities for meaningful activities. Families caring for children with special needs face many of the same problems as family caregivers for frail elders. Financial hardship, social isolation, guilt feelings, inadequate information about how to access services, and lack of advice on how to cope with their situation are common. Few resources are available to support parents. Neighborhood baby-sitters are seldom willing to work with a child in a wheelchair or with mental retardation. Community-based recreational or

educational facilities often depend upon family members to assist with programs, thus providing little free time for caregivers.

In an effort to offer in-home support services to frail elders, children with special needs, and the caregivers themselves, Homefriends was developed. Funded by the United Way of Southeastern Pennsylvania and the Montgomery County Office of Aging and Adult Services, Homefriends provides two distinct services: *friendly visiting*, in which a volunteer offers companionship once a week for about an hour; and *respite care*, in which a worker receives an hourly wage for relieving a caregiver for short periods of time. Well elders are matched with special needs children, and high school/college students are matched with frail elders. All Homefriends are involved in both pre-service and in-service training. Students and older adults explore their feelings about the elderly or children with special needs. They discuss myths and stereotypes about their target population, activities to pursue with their clients, appropriate health information, and emergency procedures. Following the initial training, they are matched with caregiving families and isolated children or elders. All matches are carefully monitored by program staff. Friendly visitors volunteer, while respite workers are paid $5 per hour by the families (an amount substantially lower than home health care agencies pay). A special fund has been created to subsidize low-income families.

Everyone has benefited from Homefriends. *Caregivers* receive a break from their demanding responsibilities and invaluable support from caring individuals in their communities. *Impaired elders and youth* are able to develop new friendships and get involved in meaningful activities. *Older workers and volunteers* feel valued because they know they are making a difference in the lives of vulnerable individuals and families. *High school students* have an opportunity to learn the value of community service; and *college students* are able to gain practical experience in the aging field.

Refugee Families

As refugee families adapt to life in a new culture, there are inevitable shifts in roles and relationships. One consequence of these shifts is the rise of intergenerational tension. As young people learn English and new American ways, elders are forced to rely on them for major decisions and problem-solving. This reliance changes the traditional lines of authority and often results in a loss of self-esteem for their elders. Older refugees struggle to maintain their ethnic identity against the forces that encourage the young to assimilate into the American culture. Many do not see the advantage of adapting to a new culture because they believe they will return to their homeland. A growing number of young people are abandoning traditional customs and showing an unwillingness to submit to the discipline and guidance of elders, feeling that traditional ways are inappropriate in their new setting. This has eroded the status traditionally accorded to elders and has left many elders culturally isolated. Different expectations in terms of intergenerational assistance can also cause strain in families.

In addition to shifts in power relationships, daily life in most refugee families is far different than it was in their homelands. Older refugees do not receive the kind of attention and reverence they expect because energies are focused on survival. The demands of work make many adult refugees unavailable to provide on-going assistance to their parents and other older family members. Language has become a major barrier dividing grand-parents from their grandchildren. Many parents encourage their children to use English at home without realizing how this affects the grandparent-grandchild relationship. Whereas grandchildren traditionally felt very attached to grand-parents and spent hours interacting in positive ways (such as listening to folk tales), many refugee children today prefer to watch TV or play with their American friends.

Whether refugee families can continue to be viable sources of strength and support for their members is yet to be determined. The stresses are enormous; the potential for conflict is great. Most of the services developed to help refugees adjust to their new environment are fragmented and tend to target specific age groups. Elderly refugees are generally ignored both by re-settlement agencies concerned about jobs for employable adults and by the aging network.

In order to address some of the problems experienced by older refugees, Project LEIF (Learning English through Intergenerational Friendship) was created in 1985. Through this program, college students are recruited and trained to teach English to older refugees and immigrants from Southeast Asia, China, and Latin America. It is designed to bridge the social isolation and to increase the language proficiency of elderly refugees, provide college students with an opportunity for community service, and foster cross-cultural understanding. Project LEIF has received funding from the Florence V. Burden, Ford, Public Welfare, and Retirement Research Foundations, as well as the Pennsylvania and United States Departments of Education. Over 600 elders and students have been involved in the program. Based on our experiences in the refugee community, we have also spearheaded both local and national efforts to promote a more coordinated and culturally appropriate approach to service delivery that focuses on the family as a unit for adaptation.

Vulnerable Youth

Over 12 million young people are growing up at-risk in the United States. Many will fail to complete school, will bear children while still teenagers, or become involved in criminal activities. Despite the fact that many programs have been developed to address the needs of this group, the number of youth at risk is continuing to grow at an alarming rate. New approaches are needed to help young people develop a sense of competence and self-respect; gain educational, occupational, and life-coping skills; and become self-reliant and productive citizens.

Research suggests that consistent and caring adult relationships are critical to helping youth become self-sufficient and move successfully from adolescence into adulthood. Yet the increase in single-parent

families, geographic mobility, and age-segregated school and workplace environments has limited opportunities for young people to establish meaningful relationships with adults. Many at-risk adolescents are isolated and disconnected from family, work, community, and the future. Most experience a sense of powerlessness and have low self-esteem. They often lack caring adult role models who can guide them during this critical phase of development.

Mentoring is a social intervention that has gained increased popularity in recent years. It refers to a one-to-one relationship between a more experienced older person and younger person which involves mutual commitment, caring and trust. A mentor teaches, challenges, and supports a young person while serving as a role model and companion. Research suggests that a good mentoring relationship can build a young person's skills and self-reliance and can help buffer the inevitable stresses of adolescence.

As the fastest growing segment of the population, older persons are an untapped resource for helping youth in need. Many are seeking opportunities for productive activity, meaningful human contact, and supplemental income. According to Erik Erikson, in old age there is a need for human interdependence and "generativity"—transmitting one's knowledge and experience to another generation (Erikson, 1963). Thus, older persons are in an ideal position to assume the mentor role. By acting as advocates, challengers, nurturers, and role models, elders can help vulnerable youth develop a sense of competence and, therefore, cope more effectively with stressful situations. As neither their parents nor professionals, older mentors have the flexibility to provide ongoing support and establish genuine, mutually beneficial relationships with young persons. Those elders who have experienced the same marginal status and disengagement as high-risk youth are particularly effective in reaching vulnerable youth.

In an effort to systematically promote the development of programs that provide support to vulnerable youth, while simultaneously enabling older adults to remain productive members of our society, the Linking Lifetimes initiative was created.

"By acting as advocates, challengers, nurturers, and role models, elders can help vulnerable youth develop a sense of competence and, therefore, cope more effectively with stressful situations."

Linking Lifetimes is a national, multi-site research and demonstration program funded by the Florence V. Burden, Edna McConnell Clark, H.W. Durham, Ittleson, and Charles Stewart Mott Foundations, and the Exxon Fund for Productive Aging. The overall mission of this initiative is to demonstrate the effectiveness of utilizing elder mentors to help at-risk youth and young offenders become productive and self-reliant members of society. To achieve this goal, 11 demonstration sites were selected to implement intergenerational mentoring programs.

Elder mentors at each site:

- receive both pre-service and in-service training on effective strategies for helping young people develop social competency and life-coping skills;
- participate in monthly support group meetings;
- receive stipends to help defray the costs of volunteering; and
- spend a *minimum* of two hours a week in face-to-face contact with their young partners.

The mentoring relationship does not exist in isolation, however. Linking Lifetimes involves "programmatic mentoring." It is integrated with other interventions in order to have a significant impact on the high-risk youth. Mentors, in conjunction with agency staff, help youth set specific goals that guide them through school, work, and life decisions. Mentors and youth also enjoy sports and cultural activities together.

As the national coordinator of Linking Lifetimes, the Center for Intergenerational Learning provides technical assistance and training to each of the sites, develops written and audiovisual materials, and promotes the concept of intergenerational mentoring on a national level. The Academy for Educational Development and Public/Private Ventures are conducting an intensive evaluation of the initiative.

Perhaps our greatest challenge during the past year was promoting collaboration between the aging and youth networks in each of our sites. Turf issues and negative attitudes held by staff in both fields impeded recruitment efforts. Staff in aging organizations often were overprotective of "their seniors" and resisted attempts to involve their constituents in programs with high risk youth. Practitioners in the youth field had to overcome many ageist stereotypes in order to view elders as valuable resources for youth. However, as the sites enter their second year of operation, some of these problems seem to be disappearing. The focus now is on *sustaining* the mentoring relationships and insuring that both the youth and elders involved are benefiting from the program.

It is clear that in order for children, youth, and families to survive in today's stressful world, they need support from the communities in which they live. We need a new definition of family—based not on bloodlines, but on caring. Intergenerational programs are important because they utilize the valuable human resources that exist in every community to help people of all ages find meaning and fulfillment in their lives.

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THE CHANGING PICTURE OF AMERICAN FAMILIES

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In 1989, the Board of Directors of the National Association of Social Workers (NASW) approved a two-year public service campaign whose theme is to strengthen families. Called "Family Ties," this campaign includes a glossy poster and nine different thematic pieces: Child Protection, Family Caregiving, Economic Security, Global Development, Social Justice, Peace, Health, Mental Health, and Education. The thematic pieces encompass areas of concern and outline policies that support and strengthen families.

Importance of Families in Society

Families are the infrastructure of our society. They provide hands-on caregiving, material and emotional support, and a major delivery system for child care as well as long-term care. They are our ethical and value base in society and our advocates in time of need. These many family roles are often stretched to the limit because of the stresses families face in today's society.

When we use the term family, we mean it in the most inclusive sense. In our view, a family encompasses any two or more people who consider themselves to be "family" and who also assume the obligations and responsibilities generally considered essential to healthy family life.

Research on families has identified a number of characteristics of strong and healthy family units. These include good communication, encouragement of individual members, expressions of appreciation, a commitment to "family values," a religious and spiritual orientation, social connectedness, ability to adapt to changing circumstances, clear role assignments, and time spent together (Krysan et al., 1990).

"Families are the infrastructure of our society. They provide hands-on caregiving, material and emotional support, and a major delivery system for child care as well as long-term care."

Some Demographic Statistics and Their Relevance to the Future of Families

Responding to changing demographics with respect to the American family is one of the many challenges we

face. While I don't want to bore you with a lot of statistics, I do think it is important to bear in mind how the demographics impact upon our children today, and how they might impact on them tomorrow.

- In 1986, the average number of children born to an American woman was 1.86. Just to maintain the population at its current level, that average would have to increase to 2.06 children per woman of childbearing age.
- Women with more education and/or with professional and managerial jobs tend to have fewer children.
- In 1950, only four percent of all births in the United States were to unmarried women; in 1986 that figure was 23 percent.
- There has also been an increase in the number and percentage of persons who have never married, who marry later in life, who get divorced, or who become widowed. In 1970, 28 percent of all adults were single, while in 1988 that figure had risen to 37 percent of all adults in the United States (U.S. Bureau of Census, 1989).
- In addition to the approximately 500,000 children who are homeless in the United States today, one out of five children moves to a different residence each year (U.S. Congress, 1989).
- In 1960, about 88 percent of children lived in two-parent families. By contrast, of the 63.2 million children, from newborn to age eight, living in the United States in 1988, 60 percent lived with both biological parents and 10 percent with one biological parent and a step-parent—for a total of only 70 percent living in two-parent families.
- Today, some 25 percent of all children live in single parent families, including 13.5 million who live with their mothers and another 1.8 million who live with their fathers (U.S. Congress, 1989). In 1986, 5.9 million children were living with a divorced parent and 4.7 million with a parent who had never married (U.S. Bureau of Census, 1989). Half of all female-headed families in the United States live in poverty—a rate that has doubled since 1969.
- About three million children live with their grandparents, other relatives, foster parents, adoptive parents, or in group care. As a matter of fact, nearly 500,000 children live in foster homes, detention centers, hospitals, institutions, and group care facilities.
- Divorce rates rose sharply in the 1960s and 1970s. In 1985, 23 percent of the ever-married population had experienced divorce. Teenage marriages have the highest divorce rate (U.S. Bureau of Census, 1987).
- In 1986, one in five white children were poor, as were one in three Hispanic children and 43 percent of all black children living in the United States (U.S. Bureau of Census and U.S. Congress, 1987).

Statistics on teenage pregnancy and teen parenting must also be examined for their demographics implications.

- Eleven percent of females aged 15 to 19 experience a pregnancy annually, amounting to one million pregnancies and over 500,000 births to teenage mothers each year. Teen pregnancy and teen parenting rates are twice as

high for black females as for the total United States population of females in that age bracket. Young mothers are more likely to have health problems, and their educational attainment and prospects for employment also suffer (SysteMetrics, 1989).

To prevent teenage pregnancy, we must focus our attention on potential teenage fathers, as well as young women of child-bearing age.

- Another demographic factor relevant to the future of children and families in the United States is the aging of the population. The fastest growing segment of the population is the group aged 65 and over—especially those over age 85. As we all know, as age increases, generally so does the need for social services—particularly among the very old. In addition, women—the traditional caregivers in our society—are entering the labor force in increasing numbers, usually to make the ends meet.
- In 1988, just over half of all women with children under one year old were in the labor force, as were 65 percent of all women with children under 18. This represents an increase of 50 percent since 1975.

Some Current Stresses on Families

Even though women are in the workforce in increasing numbers, they have not typically experienced an increase in their standard of living. In fact, this is the first generation of American women who may not be better off financially than their parents were. It is also important to recognize that families with working mothers also require affordable, accessible, and high-quality child care; and some also must find, or provide, care to one or more elderly relatives. With five-generation families becoming more commonplace in future years, many women may find themselves caught "in the middle," providing care to dependent elders as well as dependent children.

If women's caregiving responsibilities are heavy enough to make them unable to accept paid employment, or to leave the workforce, there is often a major financial impact on the family, in addition to the physical and emotional stresses of caregiving.

Additionally, we need to keep in mind that our society is becoming more ethnically diverse because of our immigration policies. Social services and policies must, then, address the very real needs of families of many different ethnic backgrounds.

Changes in the economy have brought about major shifts in how people earn their livelihoods. Families may encounter multiple job changes among their members and the loss of financial security. The stress of parental unemployment has been linked to the rise in the rates of child abuse, homelessness, and other social ills.

Other stresses on families include a lack of access to adequate health and mental health care: one-third of the American workforce has no health insurance, and some 50 million additional families have limited access to high-quality care.

And only 40 percent of families below the poverty level are covered by Medicaid.

The Role of NASW's Commission on Families

In order to meet the needs of families, NASW has developed family support principles and collected information about programs that adhere to these principles. We approach families within this framework. For example:

- Family support programs should be *preventive* in nature whenever possible.
- Family support services should be *family-* and *community-based.*
- Presenting problems should be defined in terms of family and community systems.

In addition, NASW states that case planning should be based on families' own definition of their problems, goals, needs, and solutions. Whenever possible, case plans should be based on families' strengths, rather than on their weaknesses. Further, services should be tailored to fit families, rather than forcing families to fit into pre-existing service categories.

The service philosophy should reflect a "no reject" approach to families, and family support strategies should be multi-faceted and framed within an "advocacy" context. (See "National Association of Social Workers Family Support Principles" appended to this paper.)

Our goals for family practice are ones we, as social workers, should adhere to in our day-to-day case work. They help us insure that we are meeting the needs of families and not simply "buying into" an already fragmented service delivery system.

We need to take what we know about achieving high-quality services and invest money in service provision—not in more studies! We need to advocate for our most vulnerable citizens—our nation's children and families—in order to move our society successfully into the twenty-first century.

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NATIONAL ASSOCIATION OF SOCIAL WORKERS FAMILY SUPPORT PRINCIPLES

The NASW Commission on Families developed the following set of principles to serve as guideposts for developing and implementing human services programs. The principles provide a framework for developing effective services for children, adolescents, young adults, single persons, middle-aged persons, retirees, and the vulnerable elderly. The principles are:

- Family support programs should be preventive in nature, whenever possible. However, such principles may also apply to services to high-risk families.
- Family support services should be family- and community-based.
- Presenting problems should be defined in terms of family and community systems.
- Case plans should be based on families' definition of problems, goals, needs and solutions. When possible, case plans should be based on families' strengths, not deficits.
- Service planning should be designed to enhance choices offered to families. A variety of program options could include home health services, respite care, family support groups, and in-home care.
- Resource/program development activities should be undertaken to assure the availability of service options.
- Problems and solutions should be defined in terms of families' culture, ethnicity, and heritage.
- Services must be tailored to fit families rather than forcing families to fit into categorical services.
- Service philosophy should reflect a "no reject" approach to families.
- Services must be accessible.
- Services must reflect skill acquisition and resource mobilization in addition to addressing client's cognitive, behavioral, and emotional problems.
- Services must address not only symptoms but conditions that cause them.
- Family support strategies must reflect a multi-modal approach and be framed within an advocacy approach to the family.
- Service delivery systems must be family-friendly.
- Management practices and policy must reflect family supportive values and approaches.
- Management practices and policies must be responsive to cultural diversity.
- Social workers and administrators must demonstrate attempts to link innovative family support services to system-wide policy and service reform.
- Social workers should replicate tested models of family support innovations.
- Family support innovations should be designed as empirically testable demonstration projects.
- Development of services should reflect the appropriate roles for the life cycle stages of individuals.

RESOURCEFUL ROLES: GRANDPARENTING

THE ROLE OF GRANDPARENTS IN DRUG-ADDICTED FAMILIES

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This afternoon, I would like to provide you with some insights on the contemporary roles of black grandparents and great-grandparents. I will be talking both about grandmothers and grandfathers. The information that I share with you comes principally from my qualitative studies of multigeneration black families, which I have done in various socioeconomic and regional contexts. (To date, my research has focused mainly on teenage parenting and the effect on the grandmother's role.) I have studied grandmothers as young as 25 and great-great-grandmothers as old as 91. In terms of studying grandparenthood, I have covered a large age range.

I should point out to you that my interest in the study of grandparenthood from a multigenerational perspective is both personal and professional. At the personal level, my four children have been fortunate enough to know seven of their great-grandparents and four step-great-grandparents. I think that is a strong statement about how longevity has affected our opportunity to get to know not only our grandparents, but our great-grandparents as well.

At the professional level, I am very interested in the role of grandparenthood and what it means to the development of theories of aging, particularly in the area of life course theory in the domain of sociology. I am also very much interested in generating a larger knowledge base on black grandparenting.

Most of what we know about black grandparents is presented to us from an historical perspective. We know a bit about the role of black grandmothers in slavery, for example. We also know a little about the role grandparents played in the great migration (following World War II), when black families moved from the South to the North and West in search of employment. Grandparents took on a very supportive role in caring for their grandchildren while their adult children made these transitions.

The other perspective I want to be able to contribute to our knowledge base is an understanding of what grandfathers do. Many of the grandfathers I have met are just as busy as the grandmothers. I think they deserve just as much recognition for the role they play in black families.

What I want to talk about today is very specific. I will focus my discussion on the role of grandparents—that is grandmothers and grandfathers—in drug-addicted families. While drug addiction has never been a major focus of my research, it is very salient in the study in which I am currently

involved. I have not interviewed a single family in which drug addiction, or some involvement in the drug economy, hasn't had a significant impact. And when you find an event or factor that is so influential in terms of multigenerational families and the roles people engage in, you cannot just ignore it. You have to deal with it and interpret it.

The data I used come from two sources. One source is a grandmother support group that I attended in northern California. With this group, I got a chance to hear from the "inside" some of the issues facing these grandmothers who have family members who are drug-addicted. The other source is a five-year community-based, ethnographic study of multigenerational families in an urban area in Pennsylvania. In this study, I have had the opportunity to work not only with grandmothers, but with grandfathers as well. I should point out that these are a particular kind of grandfather. Sometimes these grandfathers are blood-related, and sometimes they are what you might call "surrogate" grandfathers: they have no direct bloodline linked to the children for whom they care. The other interesting thing about these men is that they could also be categorized as "life-course caregivers." They are black men who have never married, but who, from a very early age, felt they were designated to be caregivers in their families. They go from house to house, wherever they are needed among their relatives, to fill in with the caregiving. They not only take care of children, but they also take care of frail elders in their families.

"Sometimes [the grandfathers] are 'surrogate' grandfathers . . . they go from house to house, wherever they are needed among their relatives, to fill in with the caregiving."

What are the issues these surrogate grandparents face? One is the dangers relating to drug addiction in their neighborhoods, and the effects of these dangers on the caregiving responsibilities they have assumed vis-a-vis their "grandchildren."

For those of you not familiar with the drug scene, drugs are sold in "time slots." From about 6:00 in the morning until about 2:30 in the afternoon, not much drug activity goes on in neighborhoods. This is the time of day when the hard-core addicts and drug dealers are asleep. Around 3:00 in the afternoon, drug sales start to pick up; this is a period usually marked by "lightweight" drug sales. (The economy in neighborhoods is set up to meet the needs of people who want to buy drugs on their way home from work.) It runs from about 3:00 in the afternoon until 10:30 or 11:00 at night. At about 11:00 at night, the hard-core drug activity emerges. It is a period of tremendous responsibility for those grandparents who take care of their grandchildren because their own child is addicted to drugs. During this time period the parents of the children are out trying to "score" drugs. In some cases, if it weren't for grandparents, the children would be left unattended.

A few statements from my respondents concerning the drug issue will illustrate what I am talking about. One was made by a 68-year-old woman who takes care of her 36-year-old daughter's eight children. Her daughter is drug-addicted and has been for some time. The children range in age from one year to 20. Four of the children have mental and physical handicaps related to their mother's drug use. Here is this grandmother's comment about her particular role. She says, "I ain't no different than any of the other grandmommas in my neighborhood that has a dope head for a kid. We all have to take care of our children's mistakes. If we don't, ain't nobody else going to do it. Who cares how it affects us. I'm real sick. I got heart trouble and diabetes. I'm tired myself. But there ain't nobody else to do it."

She goes on to describe for me how the timetable of drug sales is related to what she does with her grandchildren. She says, "In the morning, I get up early, gets babies ready and hit the streets. At 7:00 in the morning, I let the kids go out to play, them that don't go to school. Then, about 10:00, I pack up the babies and we go to the store and the doctor. I'm always home by 2:00 in the afternoon so we can all go inside. That's when the stuff starts to change around here. Them no good women and men dope dealers takes over the streets. I done lost one child to dope. I ain't letting her babies get lost, too."

Sam, a 65-year-old factory worker currently taking care of his three young nieces, further comments on the relationship between these neighborhood dangers and how he cares for his surrogate grandchildren. "We gets ready real early in the morning. I comb the girls' hair, I dress them and feed them, then I take them to school. Then I go out and hang out with my buddies until it's time to pick my babies up. We hurry up and walk home, because I want to be in the house by 3:00. I lock me and my babies up because I don't want them to see the trash on the streets. I don't want them to turn out like the low-life drug heads their moms and daddies are." These comments give you an idea of the dynamics and the processes that are involved in grandparents protecting their grandchildren from the drug economy and neighborhoods.

In addition to dealing with neighborhood dangers, some of these grandmothers and grandfathers also have to cope with drug dependency within the family. I have seen situations where an older woman and an older man are married and are also grandparents. In some of these situations, one of the grandparents is addicted to alcohol or heroin. So we might find a situation where a grandfather or grandmother is handling a drug-addicted spouse, in addition to taking care of his or her grandchildren. Alternatively, the grandmother or grandfather might be dealing with drug-addicted adult siblings, as well as his or her drug-addicted children.

Another issue these grandparents have talked about is the physical and psychological toll it takes on them when they are involved in parenting over and over again, across generations. I will never forget one grandmother's comments because they really reflected her frustration with having to deal with a very young grandchild and meeting this grandchild's needs at her own advanced age. She has a 10-year-old grandson who was about to have a birthday. She talked about organizing his birthday

party at a place called "Chuck E. Cheese," a pizza parlor. While she was happy to be able to do this for him, she nonetheless had problems with her own role during the party. She said, "I am too old to be chasing around ten boys at Chuck E. Cheese to provide this party."

Grandparents also talk about having problems with something as basic as helping their grandchildren with homework. Many of the grandparents and great-grandparents themselves have not finished school. It was thus a real challenge for them to help their grandchildren with basic math or English.

"Grandparents [may] need practical advice—legal counseling concerning guardianship and foster care for their grandchildren."

In addition, many of the grandparents I interviewed provide care to frail kin in an extended family system. Usually, the grandparents are taking care of children, elderly aunts, or maybe their own older parents. They are caring for several generations all at once. A related issue grandparents talk about is the drain of caregiving on family income. These grandparents really need some government support to assist them in providing care for their grandchildren. Some of the grandparents are also in the workforce, and are trying to balance their work roles with their multiple caregiving roles.

One final comment about caregiving grandmothers and grandfathers is an ideological one. The grandmothers and grandfathers I have worked with come from a different cohort than their children. Their perception of "family" is sometimes very different from the younger generation's. These elders tend to be oriented toward survival of the group rather than an "I/me" orientation. These grandparents have a tremendous problem with an "I/me" orientation, and work for the survival of the family as a whole. They are often challenged and exploited by their younger offspring who are more oriented toward "I/me." Negotiating these differences really presents a challenge for these grandparents.

In the support group I attended, I remember one day, in particular, when the grandmothers were trying to get some things "off their chest." The group leader, herself a clinical psychologist, scolded the grandmothers, saying, "You really need to start thinking about yourself." At that point the grandmothers basically just shut down, because that is not how they conceive of their roles.

The ideological issue is an important factor for us to understand when we develop programs for grandparents. We have to find out where our grandparents are coming from historically, and what their true commitments are in terms of personal values.

The stresses that I have mentioned have negative consequences for physical and psychological health. Some of the outcomes I have observed in our grandparents are increased physical illness, heart attacks, strokes, diabetes, arthritis, alcoholism, smoking, depression, and anxiety. Even when they have these conditions, grandparents continue to define themselves as resources in families.

Grandparents also say they need help. First, they need practical advice—legal counseling concerning guardianship and foster care for their grandchildren. Second, and more importantly, they need respite care. However, they do not need respite care on the terms that many of our agencies specify. In families with drug-addicted members, you may be dealing with people who are a bit "suspect." By this I mean that grandparents talk about being afraid or worried to let their grandchildren go to social service agencies or respite care centers, because they are concerned that they will not get their grandchildren back. We need social and respite care services that take into account the fears that grandmothers and grandfathers have about their grandchildren being taken away from them.

The grandparents also cited additional needs. They talk about wanting parenting programs—to learn how to be better parents. One of them said, "I want to make sure I don't screw up with this one." They also need counseling and information on how to be entrepreneurs. Some grandparents have had to quit their jobs to take care of their grandchildren. These grandparents have remarkable skills, such as baking, making dolls, sewing, or hand carving. They want to know what they can do to run businesses inside their homes so that they will not have to leave their grandchildren alone. Grandparents also talk about wanting to attend drug addiction seminars to better understand the process of drug addiction. And they need information on their own health care. Most importantly, they talk about needing emotional support from peers and counseling for their own depression and alcoholism.

In summary, I have tried to give you a quick overview of the issues that some of our black grandparents and great-grandparents are facing today—specifically those issues associated with drug use. I want to emphasize for you that the grandparents I have talked with play a very important role in their families. They *do* consider themselves a resource, and they *do not* want to abdicate the care of kin and children. They also, however, need help. I hope throughout this conference we will be able to address at least *some* of the ways we can help these grandparents. They really are a viable and valuable resource to help us deal with the many social issues we face that concern the survival of families in contemporary society.

THE REGENERATIVE ROLE OF GRANDPARENTS

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My work in the field of intergenerational relationships focuses on the regenerative role of grandparents. This research has involved an analysis of a wide spectrum of intergenerational programs. After explaining my "regenerative model," I shall apply it to illustrate how elders, as responsible citizens on this planet, can transmit values that foster growth of an ecologically-sensitive society to younger generations.

Beginning in 1983, as program coordinator for The National Institute for the Family, I was involved in planning and preparing for the first interdisciplinary invitational conference of scholars on "Grandparents and Family Connections." This event was held at the Wingspread Conference Center in Racine, Wisconsin, and involved participants from some 13 universities and research centers in the United States. Among the experts who attended were researchers and practitioners in the fields of psychology, sociology, psychiatry, anthropology, theology, and family law.

After an initial struggle between theoreticians and practitioners concerning methodological issues, it became clear that both a qualitative and quantitative approach, combining several different methodologies, are needed to understand the many complex roles grandparents can play in transmitting ecologically-sound values to their grandchildren. Furthermore, participants in this conference noted that the social disruption in the 1960s and 1970s had changed the traditional role of grandparents as transmitters of values to younger generations. Finally, the participants unanimously agreed on the need for (and value of) grandparents in contemporary society.

In today's world, grandparents and grandchildren need each other more than ever before—not just to transmit skills, but to understand life's survival values. That may seem obvious to many of us here, but, in fact, many grandparents today, whether by choice or consent, distance themselves from their grandchildren. Nonetheless, what could be done to help grandparents understand this fact—and what grandparents *themselves* could do to reclaim their rightful role in the family and in society—became the challenge I assumed. My main interest was to help bridge the gap between the theoretical and the practical. I was also interested in reaching people at the grassroots level and in influencing how the generations relate to each other.

My research into identifying a regenerative role for grandparents is based on a critique of socio-cultural changes and the psychological and sociological realities of aging. This includes looking at grandparents in terms of their psychosocial, physical, and spiritual development.

In the final analysis, my research confirmed that grandparents can be a valuable resource, both within the family and in the context of society. The socio-cultural changes affecting intergenerational relationships, however, have had two negative consequences for many older persons in America: a diminished sense of importance in their own and other's eyes, and an increasing segregation by age within society. The plight of grandparents, then, has been neglected. Only recently, because of increased interest in the growing number of elders in our society, has the role of grandparents resurfaced as a topic for research.

"In today's world, grandparents and grandchildren need each other more than ever before—not just to transmit skills, but to understand life's survival values."

"Modern" grandparents tend to be unaware of their own potential and lack well-accepted norms to guide their behavior. They experience confusion over the meaning and function of their relationship to members of the younger generation. Consequently, confused or discouraged grandparents often distance themselves from their grandchildren and other family members.

My study responds to personal, intergenerational, and societal needs that have not been effectively addressed, even though some efforts are underway to bring the generations together. These efforts, as exemplified in many intergenerational programs, often neglect the opportunity to educate grandparents about their own true potential. The programs simply provide a "re-active" rather than a "pro-active" solution; they challenge the elder to "intergenerate" but not to "regenerate."

In other words, many intergenerational programs acknowledge grandparents as valuable resources in contemporary life, but not the need to reclaim and develop their own powers. Thus, these attempts represent only a "first step" in calling forth the capacities of grandparents and in countering the negative effects of an age-segregated society.

An underlying reason for age-segregation in contemporary society is that today's grandparents lack identified norms. Their roles are ambiguous, due largely to loss of an obligatory or traditional role and to a confusion of values. Institutions and other surrogates continue to replace grandparents. By identifying a "regenerative" role for themselves, grandparents can once again become aware of their own capabilities and full potential. (Operating at "full potential" means not just exercising one's practical skills, but also exercising one's capacities for sensing, wondering, learning, loving, understanding, and aspiring.)

Grandparents, moreover, need to understand the meaning and importance of their roles in contemporary society. They must learn new skills and strengthen old ones in order to enrich their own lives and their grandchildren's. One way to help grandparents accomplish this is through a well-planned and interesting educational program.

Clarification of the Grandparent Role: The Regenerative Model

My "Regenerative Model" views grandparents as having a number of different roles: nurturer, family historian, mentor, exemplary model of aging, and sage or wise person. (This model is found at the end of this paper.) The model emphasizes the "growth potential" of the grandparent—his or her ability to effect change and, at the same time, to undergo personal transformation. Each of the five roles in the model includes both attitudes or values and functions, as summarized below.

Grandparent Roles

The grandparent as *Nurturer* means that grandparents foster intimacy by demonstrating a caring attitude toward their children and grandchildren through expressions of appropriate behavior. The main focus is on how to create strong emotional attachments between themselves, as grandparents, and their grandchildren. Actions such as attentive listening, asking questions, praising, demonstrating affection, and sharing feelings can communicate to grandchildren that they are loved and accepted unconditionally. As nurturers, grandparents willingly give time and attention to their grandchildren.

The grandparent as *Family Historian* is a view of the grandparent as a person who transmits the cultural heritage to his or her grandchildren and helps them link their ancestral past to their future. This role, which is mainly in relationship to the past, relates to the positive values of achieving generational connectedness—the passing on of family and socio-cultural history, as well as religious and cultural values. This role features the grandparent as the family's "storyteller." As such, the grandparent shares not only his or her own story, but the story of the grandchild's parent as well. Moreover, the grandparent becomes an active listener to the grandchild's story. In this role, the grandparent contributes to the child's development of ego identity. Simultaneously, the grandparent actively participates in integrating his/her own life experiences, as required by his/her *own* stage of psychosocial development. Related functions of this role include establishing family traditions and rituals, celebrating holidays, and celebrating birthdays and other "special" days.

The third regenerative role is the grandparent as *Mentor/Teacher/Expert*. The focus of this role is primarily on happenings or events in the present. With their cumulated years of experience, grandparents have acquired certain skills they can pass on to members of the younger generation and possess an expertise based on having met and mastered many personal challenges and adapted to life's many changes. This role involves sharing of one's skills. Examples include the teaching of crafts, learning skills, music, and an appreciation of (and caring for) the environment.

The fourth regenerative role is the grandparent as a *Model of Aging*. This role relates to the future. In exemplifying a good "model of aging," the grandparent promotes an attitude of hope in the future by being a living example of having survived past challenges and having confidence in the

grandchild's ability to do likewise. By displaying positive attitudes in responding to life's many vicissitudes, grandparents embody this important role function.

The fifth regenerative role is the grandparent as *Wise Person/Sage*. This role acknowledges the grandparent as one who has long-range vision and clear judgment, based on the wisdom gained throughout a long life. This role demonstrates to grandchildren the value and importance of understanding life in its totality and of how not to go astray along life's many paths. In this role, grandparents share their wisdom, give good counsel, and communicate a sense of underlying values that give meaning to life's events.

This model is being used to design educational programs for grandparents, which should contribute to a regenerative "vision"—a way of looking at one's life and community in a positive and hopeful way. It will also enable grandparents to discover new and creative opportunities to enhance their own lives, as well as the lives of their grandchildren (beyond simply meeting their immediate emotional needs), thus enriching the vitality of the entire family system.

Consequently, while actively involved in this process of transformation, grandparents will satisfy the developmental demands that life presents at older ages—achieving, in Erik Erikson's scheme, personal integrity rather than despair (Erikson *et al.*, 1986). Personal integrity involves being in a state of balance with persons of all ages and stages in life. In fostering personal integrity, an educational process imparts a more profound understanding of the meaning of intergenerational roles, a more nuanced sense of relational values between generations, and a more effective set of skills that benefit all generations in an age of rapid social change.

Application of the Regenerative Model to Environmental Issues

In light of their regenerative roles and the present environmental crisis, what can grandparents do to influence the awareness, attitudes, and behavior of the younger generation?

Following a summary of the Regenerative Model, I present an example of how grandparents, who are themselves both observers and victims of the degradation of our planet, can be agents of change and help leave a better world for future generations.

Regenerative Model of Grandparenting

Awareness	Attitude/Value	Behavior/Change
1. NURTURER (Intimacy) Communication, reserves of time, help, and attention.	Nurturing, caring, sharing, supporting, encouraging, comforting, warm, understanding, praising, uncritical. Importance of rapport between grandparent and grandchild.	Listening, hugging, kissing, touching, holding, patting, going places together, playing games, responding on an emotional level, time with each grandchild alone, asking questions. Empathetic self-disclosure to child.
2. FAMILY HISTORIAN (Transmitter of heritage) RE: *The Past.* To be a bridge to the past and an anchor for the future. Development of identity and self-esteem.	Generational connectedness. Concern for passing on family and socio-cultural values. Importance of continuity in life.	Celebrational skills, storytelling, traditions, family rituals, holidays, birthdays, and special days. Making tapes of stories and songs. Passing on religious faith and hope.
3. MENTOR/ TEACHER/ EXPERT (Skills of life) RE: *The Present.* An explainer of the present and a mentor in learning life skills.	Sharing skills and hobbies. Handing on life's survival, healing, and enhancement skills.	Teaching skills and using one's talents. Crafts, baking, cooking, gardening, sewing, mechanics, music, educational skills, etc.
4. MODEL OF AGING (Stages of life) RE: *The Future.* Life's expectancies. A role model who shows the way to the future.	Models of what children hope to become. Importance of preparing for the future and the survival of the planet.	Being there, sharing, caring, reaching out. Creating a positive, enthusiastic attitude.
5. WISE PERSON/SAGE (Identity) An interpreter of the complexities of life in terms of a deeper and overall meaning and purpose.	Importance of understanding a total perspective of what life means and how not to get lost along life's journey.	Sharing wisdom, and moral fables. Ability to communicate an underlying sense of life's events.

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Regenerative Grandparenting to Renew the Environment

Awareness	Attitude/Value	Behavior/Change
1. NURTURER (Of ecological attitudes and values to bring about planetary caring) Awaken a sense of wonder, appreciation, and gratitude for the gifts of creation. Creation is good.	A kind, respectful stance toward all creation/nature.	Smell the flowers together. Watch the birds and clouds. Explore other aspects of nature. Share feelings about God's gifts. Plant a garden. Visit the local zoo and aquarium.
2. FAMILY HISTORIAN Connect information about the past with the present. Pass on the memory of a healthy environment.	Communicating a sense of hope and appreciation of nature's value.	Tell stories; recall times of clean air and water. Foster images of creation.
3. MENTOR/ TEACHER/ EXPERT Teach new skills and ideas that enhance or contribute to the quality life.	Handing on life's survival, healing, and enhancement skills and knowledge.	Show how to care for a pet. Learn about different trees and wildlife. Write a letter to a congressman about environmental concerns. Plant a garden/tree. Watch a TV program on the environment and discuss its implications.
4. MODEL OF AGING Life's expectancies. A role model who shows the way to the future within the cycles of nature and human life.	Models of what children hope to become. Importance of preparing for the future and for the survival of the planet.	Integrating within one's life practices that foster conservation and preservation—reduce, reuse, and recycle (turning out lights, shutting off faucets, etc.). Take an environmental inventory of your house and plan ways to save energy, etc.
5. WISE PERSON/SAGE Sense of earth's purpose. Connecting meaning between doing and just being.	Integrating actions with purpose outside of one's self and immediate pleasure.	Share feelings on water and air pollution. Then share something of your lifestyle and religious or cultural tradition—pure air, water, food as symbols and gifts of the Creator. Discuss meaning of becoming a steward of Creation.

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CREATIVE GRANDPARENTING

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The concept of "Creative Grandparenting" came to me as a spontaneous "aha!" in the spring of 1989, while I was seeking a new purpose in my life and reflecting on the importance of my three young granddaughters and the challenges facing them. That led me to recognize new meaning and new value in our often-used statement, "The future of the world is in the hands of the children." It also led me to the notion that grandparents can and should be a major factor in the development and realization of our grandchildren's potential with benefits to their families, society, and the whole of mankind.

The essential idea was to view grandparenting as a creative process or interaction between an older adult[1] and a youngster (kin or non-kin) that adds value to and benefits both persons. Being creative adds potential, renews the grandparents, and strengthens the family as a dynamic system.

In the spring of 1989, I committed my life to becoming a better grandparent. I also realized that I needed to prepare myself for that purpose. I had been a good provider for my family, but my wife had played the primary parenting role in our family. She was the family's leader. As my son once said, "Mom is the glue that keeps us together."

[1]The words older adults and grandparents are used interchangeably.

My Own Preparation for "Creative Grandparenting"

I searched the literature and started to read books and articles on grandparenting and parenting. I became deeply interested in how children develop naturally, and what grandparents can do to encourage that. To educate myself, I used videotapes on child development provided by Marie Dugan, Head of the Wilmington (Delaware) Montessori School, discovered the teachings of Piaget (Jean Piaget, Swiss psychologist and philosopher) and Dr. David Elkind, and benefited from discussions with many professionals, including Yvonne Nass, a premier parenting educator in Wilmington.

I had an unusual opportunity to apply some of my new awareness and knowledge when our family spent the summer of 1989 in a rented townhouse in Bethany Beach, Delaware. In the unusually wet weather we had that summer, including one period of 11 straight days of rain, creativity became a necessity. I discovered that mundane, routine tasks or situations (such as shucking corn, opening a can of peanuts, or touring town hall) could be transformed into enjoyable, stimulating, developmental experiences for my grandchildren and myself. While I did make some mistakes, that summer experience was a rich source of learning for all of us.

Then the idea came to me that I could learn from the collective wisdom of other grandparents. With active support and inspiration from many sources, including Dr. Arthur Kornhaber, I arranged for eight introductory workshops to be conducted in Delaware at five different organizations (four of which had nationwide connections). In these workshops, we grandparents had the opportunity to learn about our own importance to our families and about the potential that resides within ourselves. We left these workshops with ideas and principles each of us could apply in our individual situations. We learned by sharing our own experiences, and from presentations by, and interactions with, highly qualified professionals in the fields of family dynamics and child development.

"I discovered that mundane, routine tasks or situations (such as shucking corn or touring town hall) could be transformed into enjoyable, stimulating, developmental experiences for my grandchildren and myself."

In school-sponsored events, grandparents had the opportunity to become involved in the educational process in a variety of natural and energizing ways.

The workshops, presentations, and discussions involved more than 370 older adults and 850 young children. The response was overwhelmingly positive, with many voicing strong statements about how beneficial the experience had been for them personally. I appreciated the outstanding contributions of a growing group of dedicated volunteers in making these events successful and in encouraging me during periods of self-doubt and uncertainty.

Underlying Premises of Creative Grandparenting

Through these experiences, and findings from similar activities in other organizations[2], conviction is growing that Creative Grandparenting can become an important factor in making the world a better place.

The following premises underlie the concept of Creative Grandparenting:

- Grandparents are great and powerful repositories of collective wisdom and experience which are essential to the positive evolution of our world.
- Grandparents have the potential to be (and, in fact, are) more important in the lives of their grandchildren and families than most people realize.
- Becoming involved in Creative Grandparenting can be one of the most important decisions we make in our lives.
- Grandparents can become more effective by continuing their own

[2] Involving, for example, Dr. Robert Strom of Arizona State University.

personal development, and developing an accurate view of the child's evolving reality. This is especially important if grandparents are to be "authentic" and maintain respect as their grandchildren enter adolescence.
- Children deserve the best we can offer them, in order to develop the qualities, motivation, and skills needed to meet the challenges of today's fast changing, complex world.
- There are unique roles that differentiate grandparenting from parenting.
- A genetic relationship is not a requirement to achieve the beneficial results of the Creative Grandparenting Program.

Grandparenting Roles

Careful review of the literature on grandparenting reveals that grandparenting styles and roles are very diverse. The stereotype cited most frequently, however, describes a grandparent as a person in a passive state—"being there" if needed, but not interfering in the life of the nuclear family.

Creative Grandparenting includes the best of the traditional roles, but adds dimensions that augment the potential and relevancy of grandparenting for the 1990s. The appropriate role for grandparents in the 1990s is a creative "master" (or transcendent) role, from which the behaviors most appropriate to a particular situation can be selected and creatively applied. Grandparents in a creative state have much greater ability to generate roles and actions that contribute more fully to their grandchildren and families.

Critical Elements of Creative Grandparenting

- "Grandparent" is a *noun*. It describes a relationship of a senior adult to a young person.
- "Grandparenting" is an *action word*. It describes actions that a senior adult can engage in with a young person.
- "Creative grandparenting" describes *purposeful interactions* that any older adult can engage in with a young person to expand the horizons of both and to enrich the lives of everyone: the child, the older adult, the family, society.

One factor critical to the success of Creative Grandparenting is the ability and wherewithal to nurture trusting relationships. In addition, from the more traditional stereotype of grandparenting, Creative Grandparenting recognizes the value of grandparents as a "comfortable presence" and a type of "insurance" when needed. Another positive and fundamental role of a grandparent is to help build self-esteem and spirit in the child by providing the child unconditional acceptance or love.

Creative Grandparenting can truly be called a "value adding" process, since it benefits the child as well as the grandparent in a way that unifies and adds more meaning to family life. I have experienced Creative Grandparenting as an energizing process that gives me hope and confidence to explore aspects of living in a very enriching way. In our family, Creative Grandparenting seems to be beneficial both for the grandchildren and for the family as a whole. Others are reporting similar experiences in their own lives.

Aspects of Creativity

The "creative" aspect of grandparenting adds a kind of "ableness" to the relationship between grandparent and grandchild that greatly enhances the ability of both to reach their full potential, while providing opportunities for continuous improvement. Being creative is not confined to arts and crafts, although it can include those activities. Being creative can be thought of as the opposite of being "habitual" or "automatic" in one's thinking, feeling, or acting (although some good can be accomplished in the habitual mode as well). In a creative state, one can rise above the situation (and one's usual or "automatic" responses), and see what one can do to bring greater meaning, purpose, and value to each interaction.

While creativity cannot be "willed," conditions can be generated that increase the probability that it will occur. Three processes that enhance creativity are *engaging in purposeful activities, developing new values, and capturing the present moment.*

Engaging in Purposeful Activities

Create opportunities for purposeful interactions. *Purpose is the spark that ignites creativity.* Creating a purpose for the grandchild (or a particular situation) and being mindful of that purpose while also being sensitive to opportunities and our state of being enables us to see connections and make choices that generate superior results. We can, for example, create opportunities for purposeful interactions and situations through planning. One of my own goals is to help instill more self-confidence in my granddaughter Stephanie. In playing President Lincoln for the students of Lancashire Elementary School, I created the opportunity for Stephanie to play the role of Grace Bedel, a young girl whose letter caused Mr. Lincoln to grow a beard. Stephanie was lovely and self-assured in her interaction with President Lincoln before her classmates. (We portrayed the history of the train carrying Mr. Lincoln to his inauguration, stopping at her hometown in the State of New York, and Mr. Lincoln personally thanking her for her interest and suggestion.) In other situations, purposeful interaction can be created by seizing the moment, or for example, my experience in shucking corn with my granddaughter, Lauren. (A copy of "The Miracle While Shucking Corn, A Creative Grandparenting Experience" is available from the author.)

Developing New Values

Creativity can help reconcile conflicts or conditions that are barriers to desired relationships and interactions. One approach is consciously to apply selected values to existing situations. This may take the form of playing several different roles in order to provide greater opportunity for beneficial results. Developing capabilities to play these roles may require the kind of effort that results in true growth for both the grandparent and the grandchild. For example, the son and daughter-in-law of a close friend were in an adversarial divorce proceeding in a distant city. The two grandchildren were showing some obvious symptoms of stress. After looking at the situation from a variety of perspectives, including the grandchildren's point of view, the grandfather decided to play a mediator

role. By playing this role, he succeeded in helping the parents understand their own problems, and they separated on an amicable basis. The former daughter-in-law was so grateful to the grandparents for their mediating role that, following the divorce, she relocated to the home city of the grandparents to begin a new life. The grandchildren also benefited from the process, while gaining greater access to their grandparents at the same time.

Capturing the Present Moment

A third aspect of creativity is to be able to enter a state of being in which one is open and receptive to the needs and interests of the grandchild at a particular moment. Perhaps the greatest gift we can give our grandchildren is our undivided attention. It lets the child know that we care, and that he or she is valued as a unique individual. This evokes self-esteem and brings out the best qualities in the child. In such a "present moment" state, we can bring all our experience and capabilities into play and maximize the impact of our interaction with our grandchild. For example, I learned to value the brief time I had with my granddaughter while driving her to and from school. On my trip to pick her up in the morning, I would try to observe my inner state, and to be calm and peaceful within before I arrived. I tried to be positive and pleasant in my morning greeting to her, although occasionally I encountered tears, frustration, and anger. Generally, by listening and then exploring with my granddaughter the thoughts, questions, and issues she brought up, we were able to have a rich interaction during our brief ride together. Getting into a receptive state was by no means an easy task, but it did allow me to be "totally there" for my granddaughter and indicated to her that I valued her as a unique young person. I believe this kind of interaction also builds the young person's spirit.

Summary

In essence, Creative Grandparenting helps the grandchild to discover and develop his or her uniqueness and spirituality in a way that renews the grandparent and strengthens the family as well. Society, in turn, also benefits.

In addition, I am now committed to helping grandparents and other older adults, in this country and abroad, to become more aware of their importance and potential, and to start the process of creative grandparenting in their own lives. After a period of personal struggle and indecision, I realized that I would need to establish an organization in order to develop strategies and expand the implementation of my concept to a wider audience. I have begun that process.

On June 1, 1990, Creative Grandparenting, Inc., was certified in the State of Delaware as a nonprofit corporation. We have made good progress in getting organized and now have an outstanding board of directors (all volunteers), as well as an advisory board which includes nationally acclaimed experts in the areas of grandparent/grandchild bonding, family dynamics, and child development. The program was officially launched on October 21, 1990. Our vision is millions of grandparents with a new higher purpose.

RESOURCEFUL ROLES: GRANDPARENTING

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I was glad to see that the word "yesterday" had been left out of the title. We never seem to learn from history. We repeat our mistakes like programmed computers. I am a great believer in looking forward and living in the present.

Success in resourceful aging lies in visions and dreams—in dreaming our dreams into reality. In order to improve society for the whole, we have to improve the quality of our own lives, which means looking within and beginning there. If seniors wish to have others see them as resourceful, energetic, and having something very worthwhile to contribute, they must first recognize with certainty these qualities within themselves. They must learn to trust that inner power that dwells within each one of us and take self-responsibility for finding purpose, direction, and fulfillment.

Strathcona Park Lodge was started about 30 years ago by Myrna and Jim Boulding, both schoolteachers in Campbell River, British Columbia. It began as a summer camp for school children and then became an Outdoor Education Center, where school children come to learn wilderness survival, kayaking, canoeing, rock climbing, using ropes, and other related skills. All skills are taught within the context of developing respect for and an understanding of nature. The lodge encourages living in harmony and cooperation with each other and with the environment. (This is the vision of Strathcona Lodge—not just for the people who come to participate in programs but for humanity as a whole.)

Tourists came to the Lodge and saw what the young people were doing, and many expressed a wish to try some of these activities that they had missed out on. Hosting an Elderhostel program seemed to be a natural next step to take.

Elderhostel was started in the United States by Martin Knowlton and David Bianco in 1974. They agreed that one of its overriding objectives would be to teach people that they are their own agents for change; and that in order to achieve greater self-esteem and fulfillment, people have to become seekers, not sitters.

Under the auspices of Strathcona Park Lodge owner Myrna Boulding and Karen Schwalm, the programmer, Elderhostel began at the Lodge about five years ago. Because of the interaction of the elders with the school children, who are often present at the same time, and because of their comments that they would like to bring their grandchildren with them during summer vacation, "Elderhostel and Grandchildren" was born.

Elderhostel at Strathcona Park Lodge begins on a Sunday and finishes on the following Saturday. Each week we offer a

different choice of courses. We bring in one resource person, who is a specialist in his/her field (such as photography, carving, art, Tai Chi, or pottery), and the other courses are taught by our resident staff.

Grandparents often come from a different state, or even a different country, than their grandchildren. Sometimes grandparents travel to two different locations to pick up grandchildren who are cousins. The age range for the children is usually 9 to 14 years, but we have also had very mature 6-year-olds, as well as 15- to 17-year-olds (in which case we were not sure who brought whom).

Strathcona Park Lodge provides grandparents and their grandchildren with neutral territory in which to be themselves. The grandparents do not have to be responsible for entertaining their grandchildren. They have only the joy of sharing with them, with the feelings of being equals and learning new skills together. It is a unique opportunity to try completely new things without being judged or examined, with no previous experience required, and with no sense of doing things that other people (parents, peers, teachers) think they *should* do. At Strathcona, everyone selects his or her own experiences and how far he or she wishes to pursue them. Strathcona provides an environment of deep caring and safety, without pressure. Self-challenge and a deep respect for the individual and the group are offered.

In the low-ropes course, for instance, children and adults work together as a team and learn to trust each other. On the high-ropes, they learn to trust themselves, their own judgment, and the equipment. In rock climbing they trust the leaders, their buddy, and the safety harnesses and ropes. In wilderness survival, they learn how to build and find shelters and how to make a fire, no matter what the conditions. A map and a compass in the orienteering course help them develop self-reliance and build their self-confidence. During nature walks and overnight campouts, grandparents and grandchildren see for themselves how essential it is that the ecology not be disturbed, and that they do everything they can to work with nature and not against it.

"If seniors wish to have others see them as resourceful, energetic, and having something very worthwhile to contribute, they must first recognize with certainty these qualities within themselves."

For some grandchildren, it is a totally new experience to live in "freedom." Some come from big cities like Chicago or Los Angeles and do not know what it is to trust adults. In fact, they do not know how to trust themselves, or to get from point A to point B! These are so-called "privileged" children—children who are escorted to school, and when at home, not allowed to answer the telephone. (All calls are taken by a machine and scrutinized first.)

In the nonthreatening environment at Strathcona, grandchildren are able to learn from the wisdom of their grandparents. They find out that grandparents still have dreams, and they share their own dreams

with them. They see that their grandparents are still able to have fun, and are fun to be with. They see that their grandparents still have the desire and the capacity to learn. Grandparents learn their grandchildren's fears for the future and about growing up. But most important, grandparents and grandchildren learn that they have common thoughts, common feelings, and a love of life coupled with the desire to express and share. With each challenge and element of risk comes the reward of achievement, higher self-esteem, and greater self-fulfillment. There is no greater gift that we can give to ourselves or our grandchildren.

In addition to being Coordinator for Elderhostel, I teach a program in holistic health, which is the process of becoming whole and finding balance of body, mind, and spirit.

In low-impact aerobics, as we exercise to music from films or musicals that we can sing to, we allow the "child within" to come out to play. We play handclapping games and do a basic square dance, with the emphasis on having fun, rather than on how many leg lifts we do.

We talk about taking responsibility for every thought we have and how we can change the way we think in order to create a world exactly as we would like it to be. I share my book list on healing and how we can help ourselves to heal—not just physically, but emotionally, mentally, and spiritually.

In art class, we make masks and search for that place where we are comfortable enough to share our feelings on a much deeper level and let go of the masks that we wear.

But most important of all, we join together first thing in the morning to share spiritually. This is a time of deep connection, when we recognize that we are all on different spiritual journeys, growing in our own individual ways, but in essence we are all one.

It is during this time of reflection that we examine why we are here (on this earth), what our purpose is and how it serves us, where we are going (where this purpose leads us), and how we are going to do it (how this purpose can serve others).

Many elders are very ready for this sharing. They do not like the idea of becoming victims of old age, which is one of the cultural beliefs of our society. They want to know that they still have the power to make decisions about their own lives. They begin to realize that they need not become victims of disease and retirement, and that they can still make a major contribution to their families and society when they begin their quest for self-awareness.

In my opinion, it is this search that is the greatest gift elders can give to themselves or their children and grandchildren. It is to have as many experiences as they can, to find out what gives them the greatest happiness, and, in the words of Joseph Campbell, to "follow their bliss." In this lies the future of resourceful aging.

When everyone is centered in his or her own happiness, following his or her true purpose—that is, consciously living each moment—then indeed we will be working in harmony for the good of the whole. And we will have a tomorrow.

RESOURCEFUL ROLES : CAREGIVING

RESOURCES FOR CAREGIVERS: OHIO'S OPTIONS FOR ELDERS PROGRAM

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Families are the backbone of long-term care service delivery in this country. Supporting family caregivers is now, and will continue to be, a key to providing in-home and community-based services to disabled elders.

It is estimated that 25 percent of our nation's elders require some type of long-term care. The vast majority of long-term care is provided by family members. Most caregivers are women, and many are older (over age 65) and have modest incomes. One-half of all caregivers have paid employment outside the home in addition to their caregiving responsibilities, and some are forced to quit their jobs to take care of a relative. In addition to caring for an elderly parent, more than half are also caring for children under age 17, and one third have children under 12. More than one-third of caregivers to the frail elderly are at least 65 years of age. Minority women are more likely to be caregivers and are more likely to be forced to balance the demands of caregiving and paid employment.

Caregivers provide intensive physical, financial, and emotional support, often over a long period of time. One-half of caregivers spend at least 12 hours a week on caregiving. On average, caregivers have been providing assistance for about two years and expect to continue to do so indefinitely. One in 10 provide round-the-clock care and one-third have been providing such care for six or more years. Caregiving places tremendous demands on the time, energy, and resources of the individuals providing care. Caregivers report spending less time with the rest of their families and paying less attention to their own health needs.

There is strong evidence to suggest that the availability of formal services does not supplant family caregiving. Families use formal support resources, such as home health aides or adult day care, to supplement family caregiving and, one hopes, delay nursing home placement. In these circumstances, the goal is to balance the provision of formal and informal services to protect the health and well-being of both the disabled elder and the caregiver.

Service Delivery Barriers

When caregivers attempt to locate in-home services, they frequently confront formidable obstacles. Our present health and social service delivery system for elders has appropriately been described as fragmented and uncoordinated. Some have

likened it to a maze, a non-system. This structural complexity frequently manifests itself in discontinuity among ambulatory, acute, and long-term care; difficulty in determining where to go for assistance; and problems with the provision of coordinated services.

The volume, *Ourselves, Growing Older: Women Aging with Knowledge and Power* (Doress *et al.*, 1987), addresses a wide range of issues pertaining to aging, including caregiving, that have implications for women. Here is the advice caregivers are given regarding how to find services:

> Locating services and getting to the right contact person can be a major headache for the caregiver. The first place to look is the telephone book. Many communities have a separate section listing human services . . . and some are adding "silver pages," listing services for the elderly. If your phone book does not have these, look under Home Care services, Visiting Nurse services, or under Aging, (State) Department of; or try Family Services, Jewish or Catholic Family Services, or Catholic Charities. Another place to call for help is the social service department of a local hospital. Ask to speak with a social worker (Fradkin and Liberti, 1987, 210).

The passage continues with advice to contact organizations for volunteer services and to schedule friends and family for 24-hour services. Caregivers are warned that they will "have to learn to be creative and tap all the resources around them" (Fradkin and Liberti, 1987, 210). The message is, you're on your own, and this system is not "user friendly."

Fragmentation need not be a permanent feature of our health and social service delivery system. It is possible to create systems that facilitate access and that are caregiver/elder-centered. Ohio's OPTIONS FOR ELDERS demonstration program is a program designed to be more responsive to the needs of caregivers and elders by providing one-stop shopping access and multiple levels of service response.

Ohio's OPTIONS FOR ELDERS

OPTIONS FOR ELDERS is a two-site, community-based, long-term care demonstration program funded by the Ohio General Assembly in the 1990-91 biennial budget. It is currently in operation in one urban site (Franklin County, which includes the city of Columbus) and one rural site (a nine-county region in the southeast corner of Ohio). The Ohio General Assembly allocated $8 million to get OPTIONS off the ground in the current biennium.

The basic design of the OPTIONS program includes universal access to needed information, assessment, and planning at a single point of entry to the system, but very strict targeting of expensive services and case management for the small percentage of elders who are at high risk. The OPTIONS system includes the following components:

- *Single Point of Entry.* A highly visible, single point of entry (via telephone) is located in each community. The telephone number has been "marketed" to enhance visibility to elders, family members, friends, and professionals in the community. This

sir.gle point of telephone access is designed to facilitate initial contact by making it clear that this is the place to call for eldercare information. It includes information on services of interest only to elders and their families. (It is *not* the place to call for a comprehensive, community-wide information and referral service.) Through this system clients and caregivers have access to a comprehensive range of in-home and community-based services. To date, the most frequently used OPTIONS-funded services have been homemaker, adult day care, meals-on-wheels, respite, and personal care services.

- *Triage*. Telephone and face-to-face screening and assessment are used to triage each call into one of three service response categories: *information*, *assistance*, or *case managed care*.
- *Information* includes the direct provision of information by phone, mail, or simple referral.
- *Assistance* includes two response categories—basic and ongoing. *Basic* assistance involves the provision of a short-term (less than one month), low cost (less than $200 per month) service package. *Ongoing* assistance involves a care plan that does not exceed $200 per month, but which is provided over a longer period.
- *Case managed care* is provided to persons with limitations in activities of daily living (ADLs) or mental health disabilities, and a weak or absent informal support system. This is the familiar intensive model of long-term care case management. The maximum cost of the care plan is tied to the cost cap in Ohio's Medicaid Home and Community Based Waiver Program (known as PASSPORT).
- *Client Cost Sharing*. OPTIONS services are available to all Ohio elders over age 60, regardless of income. For services beyond the provision of information by telephone, clients are asked to contribute to the cost of the services based on a sliding fee scale. At the assistance level, a self-declaration process is used to determine the cost share. For case managed clients, financial status is one portion of the in-home assessment.
- *Resource Pooling*. OPTIONS sites are involved in the integration of public funds. The base of service fragmentation is the fragmentation of funding streams. A basic component of the OPTIONS model, which is consistent with the single point of entry, is pooling funds to provide a strong foundation for access, triage, and integrated service delivery.

Services Provided as of August 31, 1990

The urban OPTIONS site opened April 23, 1990. Between late April and August 31, there were 4,522 incoming information calls. Over 33 percent of these came from caregivers, 25 percent from elders on behalf of themselves, and 40 percent from professionals. During this

period, 476 persons became OPTIONS clients (64 at the Basic Assistance level, 289 receiving Ongoing Assistance, and 223 receiving Case Managed Care). Of the total 4,522 incoming calls, 13 percent received services beyond information only (1 percent basic assistance, 6 percent ongoing assistance, and 5 percent case managed care). These service statistics suggest that the triage process has proven successful in differentiating client need and in responding with a range of service/care plans.

Options and Caregivers

The OPTIONS FOR ELDERS program is designed to assist elders and their caregivers and to provide a variety of service responses. Many programs focus service resources on those in greatest need and are frequently not in a position to be responsive to individuals and families whose circumstances require less than intensive case management. Early, short-term, and maintenance interventions are often not available for elders and caregivers who need preventive services. The triage process in the OPTIONS program is designed to assess the present situation and to make the most appropriate service response. It is not necessary for the elder to be severely impaired or to be at risk of losing a caregiver's support in order to receive assistance.

OPTIONS personnel who staff the information telephone line report that caregivers often wait until they feel they can no longer handle the stress of caregiving before making contact with the program. Some caregivers have expressed their frustration at being unable to find assistance, saying that before they tried OPTIONS, they had experienced referral after referral, without success. Once reaching the OPTIONS program, however, they frequently express relief to have finally found a program that is concerned solely with aging services.

Requesting help is not necessarily easy for caregivers. Some are apologetic for making an inquiry, believing they should be able to make do. OPTIONS staff indicate that caregivers frequently view asking for help as an admission of failure. Some caregivers are looking for someone to help them get their friend or relative to accept services, believing that a professional will be more influential, since the professional is coming to the situation with a fresh perspective.

"Fragmentation need not be a permanent feature of our health and social service delivery system. It is possible to create systems that facilitate access and that are caregiver/elder-centered."

Caregivers typically contact OPTIONS when a change has taken place in the home situation. Typical changes are: (a) the elder's health deteriorates, (b) the caregiver's health changes, (c) the usual caregiver is absent, (d) a concerned friend or relative identifies a deteriorating caregiving situation, or (e) the caregiver

can no longer meet the demands of the situation. The initial contact can be followed by a period during which OPTIONS staff provide telephone counseling to assist caregivers in sorting out the stress and pressure in the home situation. During this time, staff help caregivers explore their own limits, determine how much they can realistically tolerate, and understand their own risks in continuing in their present circumstances. Program staff report that this process allows caregivers to explore a variety of courses of action, including options designed to provide support and help elders and their caregivers make informed choices.

OPTIONS FOR ELDERS operates on a sliding fee scale in which clients contribute to the cost of their care according to their income. Early experience with caregivers whose incomes are high enough to fall into the sliding scale category has been instructive. Spouse caregivers thus far have been less willing to accept cost-sharing than caregivers who are adult children. Staff have found that caregivers often expect to receive services free of charge, since they pay taxes, and are angry that free services are reserved for poor people. Staff report that while elders may have "rainy day" funds, many are not willing to admit that the rainy day has come. The OPTIONS experience can enlighten us regarding the effect of cost-sharing on service receipt and caregivers' well-being.

Ohio's OPTIONS FOR ELDERS program is a model delivery system whose goal is to reorganize financing and service delivery. The program is designed to promote universal access and differentiated service response. Telephone access through a single phone number means that families, friends, professionals, and caregivers clearly know who and where to call for information and assistance. Furthermore, families and caregivers are not denied service unless the elder is severely disabled and/or the caregiver is about to break down. Early assistance and a comprehensive triage process are core design characteristics of OPTIONS FOR ELDERS. In the future, increased program experience and findings from an independent evaluation will provide further information regarding the effects of this innovative delivery system.

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RESOURCEFUL CAREGIVING ROLES: THE CASE OF MEN WHO CARE[1]

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Caregivers as Resources

There may be no more accurate way to describe family caregiving than to identify it as the resourceful use of a person's time and effort in the service of another person. To be a caregiver in today's world requires enormous resourcefulness considering the multiple and conflicting pressures of family, work, and caregiving. Considering the disruption that caregiving can cause in a person's social, emotional, psychological, familial, and economic life, the capacity for resourceful use of self is essential.

To be sure, women have represented the dominant resource when it comes to caregiving. They continue to carry the lion's share of family caregiving responsibilities. But they also may be reaching their saturation point in terms of performing this demanding function. The need to identify and nurture alternative caregiving resources now confronts us.

Men as Alternative Caregiving Resources

When we think about the expanding roles in family caregiving, we are compelled to think about a largely untapped resource; that is, those men who are members of the family constellation. Who else can be turned to in seeking relief for women, and in particular, daughters who find themselves overwhelmed by the responsibilities of caregiving?

Men are the untapped pool of energy when it comes to caregiving. And, it is suggested that their talents and capacities as caregivers have largely gone unrecognized. Expansion of men's roles as caregivers to frail family members and significant others is both timely and essential. And, it should not be assumed that they are unable to or refuse to perform

[1]The research on which this report is based was supported by a generous grant from the AARP Andrus Foundation. For a complete presentation of study findings and implications, see Lenard W. Kaye and Jeffrey S. Applegate, *Men as Caregivers to the Elderly: Understanding and Aiding Unrecognized Family Support*, Lexington Books, Lexington, MA, 1990.

the tasks that comprise the caregiving function. Yet, little is known about their unique needs, experiences, contributions, and levels of resourcefulness in performing as family caregivers.

The Resourcefulness of Men Who Care

Results from an AARP Andrus Foundation-supported study of men and the elder caregiving experience serve to document the substantial capacity of husbands, sons, and other men to serve as family caregivers. Data were obtained from mail survey questionnaires completed by 152 caregiver support group leaders and 148 participating men from a national sample of caregiver support groups. These data were supplemented by in-depth, in-person interviews carried out with 39 men, and whenever possible, the elder recipients of their care living in Pennsylvania's Greater Delaware Valley. Also included were the views of a national expert panel comprised of 26 authorities in the fields of aging and caregiving. Six central questions guided the analysis:

- What are the attitudes, expectations, and needs of men acting as caregivers to their elderly relatives?
- What are the distinctive characteristics and coping strategies of men performing this role?
- What are the factors that lead to the allocation of elder caregiving responsibilities to men in families?
- What are the incentives and disincentives for successful caregiving performance?
- What are the unique interpersonal relationship dynamics that influence the quality of caregiving interchanges between men and their dependent relatives?
- To what extent have caregiving support groups responded to the unique needs of male caregivers?

Results of the analysis are summarized below.

There is no single profile or picture of the resourceful male caregiver, but there may be certain dominant features of those who participate in support group programs. The vast majority of men in this survey were over 60 years of age, white, married, and living with and caring for their spouses. They were managing fairly well financially. It is noteworthy that a clear majority of care recipients were believed to have Alzheimer's disease or a related disorder.

The resourcefulness of men who provide care perseveres and at times is tested to its limits. The caregiving "careers" of these men were most accurately measured in years. They viewed themselves as the primary or dominant providers of care. Caregiving consumed major portions of their time and energy and was not uncommonly coupled with salaried employment. A variety of problems were confronted by these men during the course of caregiving, including their own declining health and that of their care recipients, traditional perceptions of appropriate sex role behavior, and restrictions imposed by family and workplace obligations.

Caregiving men's resourcefulness persisted even in the face of limited family assistance. Levels of family assistance were uneven, if not restricted, and limited to the help

offered by one or two immediate relatives. Sons offered help somewhat more frequently than daughters, suggesting the possibility that caregiving fathers may represent influential role models in altering traditional patterns of gender-related helping behaviors in families. The number of family members providing assistance declined over time.

"[Male caregivers] appeared to approach caregiving with the belief that it could provide them . . . the opportunity to reciprocate for the caring and support that they had received in the past."

Men's caregiving resourcefulness benefited from limited respite or relief provided by community organizations and programs. The men in this analysis derived limited benefits from the formalized system of community services. While expressions of need in the form of respite were voiced, hesitancy to access the service network was shown. These men displayed a "stiff upper lip" mentality, assuming the major responsibility and burden of care themselves.

These men's resourcefulness was not narrowly *defined.* Contrary to popular belief, these men were found to perform a broad range of caregiving tasks. They performed social support tasks most often, instrumental and case management tasks moderately often, and functional, "hands-on" tasks less often. Considerable competence and satisfaction were experienced in performing these tasks, especially those associated with social and emotional support.

Male caregivers' resourcefulness was fueled by the emotional reward of helping a loved one. These men appeared to approach caregiving with the belief that it could provide them with considerable emotional gratification, as well as the opportunity to reciprocate for the caring and support that they had received in the past from the recipient of their caregiving.

The resourcefulness of these men was buttressed through participation in a caregiver support group. While caregiver support groups tended to be gender-mixed, few made special efforts to reach out to men specifically. Even though women outnumbered men in caregiver support groups, the participating men proved to be regular and active participants, generally satisfied with the rewards of group association and appreciative of the opportunity to receive emotional support and share their caregiving experiences.

A Look to the Future

This analysis suggests that there is an immediate need to dismantle some of the gender-specific stereotypes held by professionals, the elderly, their children, and men themselves concerning the experience of family caregiving. There are men who can and will fulfill the responsibilities of family caregiving. These men, most frequently spousal caregivers, engage in caregiving tasks that are not so different from those carried out by women.

Furthermore, these men appear to experience a similar set of pressures and stresses although they may tend to a greater degree to mask or disguise these feelings behind more traditionally conceived displays of "macho toughness."

Support group leaders are called upon to provide a greater measure of resourcefulness in drawing men into their self-help programs. Outreach and marketing efforts need to focus on the benefits of participation in caregiver support groups that can accrue to men engaged in family caregiving. The demands placed on men who have committed substantial portions of their lives to caregiving over extended periods of time must be recognized and bolstered if their resourceful capacities are to be encouraged in the future.

HOME CARE DEVELOPMENT IN FAIRFAX COUNTY, VIRGINIA

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The development of home care as a programmatic function in Fairfax County has been built on clarification of needs and trends, as well as reasoned recommendations for action. As a result, a number of initiatives are underway to better serve those in need of home care—both young and old. An important focus in the implementation of home care strategies at the Area Agency on Aging is empowering the caregiver and consumer to take charge with respect to service delivery. Thus, the Area Agency on Aging programs in the county have a common denominator of "Resourceful *Caregiving*: Today and Tomorrow."

Evolution of Research in Fairfax County

The home care development initiatives in Fairfax County evolved from several studies conducted by the Fairfax Area Agency on Aging. The Fairfax County Board of Supervisors and the Commission on Aging initially requested that the Area Agency on Aging conduct a county-wide survey of the status and needs of its expanding population of older persons. The 1984 project obtained valuable information from a total of 510 personal interviews and 244 telephone interviews conducted by 120 trained volunteers. The results were published in the report, *Assessing the Well-Being of the Fairfax Area Elderly, 1984* (Fairfax Area Agency on Aging, 1984).

In 1986, the report of the Aging Task Force entitled *Strategic Perspectives on Aging Resources and Needs* (Fairfax County Board of Supervisors) became the second powerful tool for planning in Fairfax County. It identified home care as a high priority need in the county.

In January 1988, the Fairfax County Board of Supervisors appointed a public/private Home Care Task Force to develop a plan to strengthen the provision of public and private home care services for all residents in need, both young and old. The 39-member task force was composed of both public and private agency consumers, independent providers, insurance industry personnel, and representatives of advocacy organizations. The task force met for one year to study supportive home care services provided by professional or paraprofessional independent providers and persons working for public or private agencies. The Home Care Task Force also addressed the roles of the public and private sectors in improving the affordability, availability, and quality of home

care services. The scope went beyond the traditional concept of home-delivered care and included children with special needs and older workers with acute illnesses and injuries, in addition to the elderly.

Staff to the task force produced special reports on the quality of home care, as well as the recruitment and training of paraprofessional workers. The Home Care Task Force conducted surveys of home care workers and agencies to assess community home care issues. It documented current and projected needs for home care in Fairfax County and developed specific policy recommendations and implementation strategies to address them. The task force also produced a brochure and a home care packet for consumers, entitled *Finding Your Way Through the Home Care* Maze (Fairfax County Board of Supervisors, 1990). On-going assessment of needs based on consumer input was planned.

Findings of the Home Care Task Force Report

Major findings of the Home Care Task Force Report indicated:

- a severe shortage of professional and paraprofessional workers, especially in several hard-to-serve areas of the county;
- limited funding options;
- case management and quality assurance inconsistencies; and
- the need for education of the general public, as well as policy makers, on home care issues and resource availability.

The Home Care Task Force presented its findings to the Fairfax County Board of Supervisors in its 1989 report, *Home Care in the Fairfax, Virginia Area*, which included 17 recommendations for action. The primary objectives were to enable individuals to remain as independent as possible in the community. The task force was committed to:

- supporting and empowering the person in need of assistance, as well as that person's informal support network of family and friends, with knowledge and direct services;
- encouraging private-sector response to unmet needs; and
- as a final alternative, developing publicly funded partnerships to address community needs and gaps in service.

Trends That Have an Impact on Home Care Services

The report acknowledged the many factors that influence the need for and availability of home care services in the community. People are living longer (creating an increase in the number of persons needing services); the size of the nuclear family has shrunk, which means there is a smaller support base for the older or disabled relatives needing care; and family members tend to be scattered across

the country more often today than was the case two generations ago.

Additional factors include:

- Major improvements in health care technology now enable acute care patients to be treated at home, rather than in the hospital.
- Hospitals are now releasing patients "quicker and sicker," due to a need to control costs.
- The increased survival rate for patients of all ages has resulted in a greater number of older persons needing home care.

The task force also found that professional and paraprofessional home care workers need more specialized training to care properly for the great number of acute care patients now expected to be served in the home. (The Acquired Immune Deficiency Syndrome [AIDS] caseload alone demands more workers having specialized skills.)

Nursing home options for care are changing as well. People still prefer to remain in their own homes (72 percent, according to the task force) rather than be placed in a nursing home. In the Fairfax area, close-to-home nursing home options for Medicaid patients are limited, increasing the need for in-home care.

Population projections in Fairfax County suggest a dramatic increase in the number of persons age 60 and over who will need home care services in the future. Based on 1980 population data, that number was expected to increase by 70 percent in the year 1990 and 151 percent by the year 2000.

Based on the 1984 needs assessment study data, the number of persons needing home health aide services is expected to increase 70 percent by 1990 and 144 percent by the year 2000 (when compared with 1980 data). The 1990 *Longitudinal Needs Assessment Survey of an Elderly Population* (1991) survey is currently being conducted by the Fairfax Area Agency on Aging as a follow-up to the 1984 needs assessment project. The new data will be valuable in further analyzing trends in service needs for the same sample studied in 1984.

Changes in Caregiver Trends

There have been several important caregiver or family support changes in Fairfax County in recent years. Most families in Fairfax are now dual career. Workers in many such families commute to work and have less time available for caregiving than in previous years. Females are the largest group of providers of eldercare, as well as the largest group receiving such care. In Fairfax county, 69 percent of all women are in the workforce—a figure higher than the national average—and this percentage is increasing annually.

Experts estimate that 28 percent of the Fairfax County workforce has elder caregiving responsibilities. Of these, at least 8 percent spend 35 or more hours per week in direct caregiving. The need for caregivers and caregiving support is expected to increase dramatically in the coming decades, parallel to the anticipated boom in the elderly population. Although families remain the primary caregivers, they are increasingly seeking outside help to supplement what they themselves can provide.

It is expected that if the Fairfax Area Agency on Aging can fully implement the recommendations of the Home Care Task Force report, the availability, affordability, and quality of home care and support services for persons in need, as well as their family caregivers, will be improved.

Implementation of Home Care Development

In August 1990, implementation of the Home Care Task Force report recommendations began. A home care developer was hired, and contracts for recruitment and training of paraprofessional home care workers are currently being implemented. A third contract will be written in the near future for a study on how the Medicaid waiver program might better utilize federal and state funds to meet the home care needs of local residents. The home care developer is also involved in many non-contract activities related to task force findings. A home care packet, *Finding Your Way Through the Home Care Maze* (Fairfax County Board of Supervisors, 1990), containing agency and provider registries is currently being distributed.

The Home Care Consortium, comprised of some members of the previous Home Care Task Force, began meeting in the fall of 1989 and has grown to 52 members. The consortium's role is to provide input to the development and implementation of home care initiatives.

Related Initiatives

Three other initiatives, the Home Care Ombudsman Pilot Program, the Corporate Eldercare Program, and the Corporate Eldercare Task Force, have been very supportive of caregivers and direct consumers of home care services. These initiatives are operated as part of the Fairfax Area Agency on Aging umbrella (which serves consumers and caregivers) and are instrumental in empowering consumers and caregivers to take responsibility for service delivery.

Home Care Ombudsman Program

In the fall of 1989, the Home Care Ombudsman Program was established as an expansion of the Northern Virginia Long-Term Care Ombudsman Program, in order to promote the highest possible quality of life and care for recipients of home care services. The Virginia Department for the Aging received a federal grant from the federal Administration on Aging for the expansion of the Northern Virginia Long-Term Care Ombudsman Program. A full-time home care ombudsman was hired to mediate, investigate, and provide education and advocacy for home care services. The home care ombudsman also recruits and trains volunteer ombudsmen to assist in the mediation process.

The Home Care Ombudsman Program empowers the consumer, who is viewed as the most instrumental person in assuring quality home care. If the consumer is uncomfortable trying to solve his or her own home care problem, an

ombudsman will assist in achieving resolution of the problem. The program uses a cooperative approach to facilitating interdependent relationships among home health care providers and regulatory agencies, as well as home care recipients and their families. All share the common goal of providing and obtaining high-quality care.

Eldercare Consultation and Referral Service

The Fairfax Area Agency on Aging became involved as a network site for Work Family/Elder Directions in February, 1988, as a means of assisting corporations and their employees in identifying present and future needs and options for local and long-distance elderly caregiving. The Eldercare Consultation and Referral Service Program, established at the Fairfax Area Agency on Aging, is a service provided under contract with the Work/Family Elder Directions Corporation and has a part-time position funded by the Fairfax County Board of Supervisors. (The Fairfax Area Agency on Aging is not limited to contracting for eldercare services with just one system, however.)

Work/Family Elder Directions has been successful nationwide in creating a network of sites that provide complete, accurate, and current resource availability information within the community. The Eldercare Referral Service at the Fairfax Area Agency on Aging is paid a consultation fee for each case it handles, however, the program will become financially independent as it grows.

The Area Agency on Aging's Eldercare Referral Service differs from an information-and-referral service in that the eldercare coordinator provides needs assessment and consultation to the client, who is an employee of a participating corporation in the system. The key role of the coordinator is to provide education about service and housing options. The coordinator may set up appointments but does not accompany the client to appointments. The consumer is empowered to make decisions, screen the available options, and arrange for services with the assistance of the eldercare coordinator, who also provides follow-up to assess how the caregiving situation has progressed.

"The need for caregivers and caregiving support is expected to increase dramatically in the coming decades. Although families remain the primary caregivers, they are increasingly seeking outside help."

Corporate Eldercare Task Force

Because caregiving affects the lives of so many working persons, large corporations are finding it beneficial to react in a proactive manner by changing leave and benefit policies to include the provision of information and referral services for their staffs.

The Corporate Eldercare Task Force, chaired by the director of the local hospital system and supported by the Area Agency on Aging, has surveyed a sample of 26,000 public and private employees in Fairfax County concerning eldercare responsibilities and needs. The needs are currently being analyzed. The findings are expected to result in an even greater number of public/private partnerships to meet the home care and other needs of family caregivers.

Conclusion

The Fairfax Area Agency on Aging has assessed the complex issues in the community that support the need for home care services, developed strategies to ensure the availability of needed services, and begun implementing services and managing programs. The evolution of these multi-tasked stages of development has been successful only through hard work, a multi-disciplinary approach, and the cooperation of public/private partnerships in the community. Results of a long-term evolution should enable individuals in the community to adapt to changing times and changing roles, as they benefit from "Resourceful *Caregiving:* Today and Tomorrow."

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THE FAMILY FRIENDS PROGRAM

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In 1984, the Family Friends program was launched by the National Council on the Aging, using the Washington, D.C., area for the pilot program. Family Friends trains volunteers aged 55 and older to work at home with families who have children with disabilities and illnesses. It is now at work in eight cities. It has been honored by Presidents Reagan and Bush. Mrs. Bush has entertained program volunteers at the White House.

As a member of the pilot program, I had an excellent two-week training period. Social workers, doctors, therapists, and nurses—all of whom were experienced in working with these "special children"—shared with us the best of their expertise. We also had hands-on experience. We spent one week at the Hospital for Sick Children in Washington, D.C., feeding, playing with, and loving children with the same problems that we would encounter in the program.

Each volunteer commits at least four hours a week to be with a "special child" either in the home or at the hospital—or with the mother and child wherever the volunteer is needed. My first child was a three-year-old girl born with a heart defect. I had visited the family only a few times before the parents were advised to take her to Birmingham, Alabama, for a heart operation. Unfortunately, she did not survive the operation. Even though I was really a stranger, that family kept me apprised of her progress on a daily basis. I had met the grandmother once, but she called me every night from Pennsylvania and discussed the news she had received from Birmingham that day. That family needed a Family Friend. As a result of this short acquaintance, I could share in their sorrow by doing whatever was needed.

The next family I worked with consisted of a mother, a father, and Jeffrey. Jeffrey was born with spina bifida and mental retardation. He could not walk, but he could "toddle" on his stomach. Being paralyzed from the chest down, he had developed strength in his arms and shoulders and could drag his body up and down ramps and across the floor, throw balls, and spin tops. He loved to spin things. Jeffrey began working with the computer in hopes that he would be able to learn to communicate. His parents remarked to me, "Families with special children need all the help and support they can find." The family lives in North Carolina now and wishes Family Friends had a program in their town.

During the last year that Jeffrey was in the Washington, D.C. area, I started working with a 2-year-old girl who has cerebral palsy. Now age 6, Susan is very

small for her age. She cannot roll over, talk, or feed herself. Her family has three older children. Her parents had been teenage Palestinian refugees when they arrived in the United States. I have been a surrogate grandmother—their living grandmother does not speak English—helping with homework, listening, advising, and encouraging. Having been raised in a different culture, the mother finds it very difficult to treat me any way other than as a guest in her home.

"A Family Friend is one of the many kinds of caregivers who share tears and join in the laughter. Without laughter at ourselves and our problems, we could never sustain the tears."

In explaining what it is like to work with a "special child," I compare it to being at the bottom of a well. The sides are very slippery and you see a faint light way up at the top. As one tries to climb these walls, one goes up a distance and then slips back. It takes strength, understanding, and lots of love to survive these problems. I have told parents that I can understand why they would feel at times that they would like to walk away, or give the child away, or toss it out the window. I can understand grandparents saying to their grandchild that the genes that caused this problem must have come from the other parent, not from their genes. I can understand a husband who is so overwhelmed by his child's problem that he cannot lend the support needed by the mother and may even walk away from the family. As an understanding person, a Family Friend can be a surrogate grandparent or parent.

A Family Friend is one of the many kinds of caregivers who share tears and join in the laughter. Without laughter at ourselves and our problems, we could never sustain the tears.

As we volunteers experience the problems and frustrations of these families, we hope that everyone will recognize the need for special education, respite care programs, and medical programs. We must never forget that these "special children" are part of our world; and that they need our love, our prayers, and our votes to make certain that they are never forgotten (as sick children have been forgotten in so many parts of the world—in Romania, for example). The "elegant elderly" can meet a need that no other age group can fill.

AGENDA FOR THE FUTURE

AN AGENDA FOR THE FUTURE[1]

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In planning an agenda for the future, we need to take into account three demographic facts regarding aging in America. These facts call for new roles, new relationships, and new definitions of the family, as well as new institutional arrangements.

The first demographic fact is that people in the United States are spending and will spend an increasing proportion of their lives *not* married. Increases in longevity, along with divorce and widowhood, the postponement of marriage and remarriage, and choices to never marry mean that a growing portion of Americans in the later years of adulthood will be single. Along with this demographic reality is another reality: marriage has been found to be a social support, conducive to individual health and well-being. Millions of older American are without this form of social support. A major question for the future is: What kinds of relationships can also provide the same kinds of supports that marriage has typically provided?

What we need, clearly, are new definitions of family that incorporate the people who matter most in our lives, and who provide the support, encouragement, and guidance that many find in a marriage partner. One researcher, in attempting to get at such a definition, asked the people he interviewed two questions:

- With whom do you spend time?
- To whom do you go when you're in trouble?

People answered these questions quite differently, depending on their ages. For older people, two groups are increasingly important—siblings and friends.

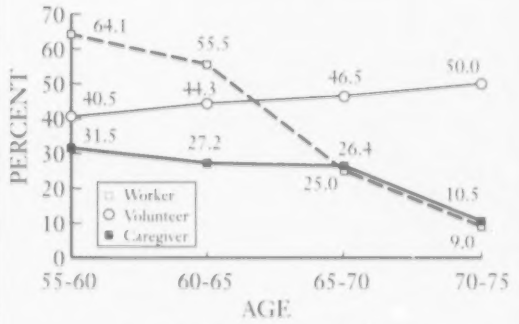
A second demographic fact is that we all will spend increasing proportions of our lives in three-, four-, or five-generation families. This means that older Americans will be involved in more caregiving activities—providing care to older parents, aunts and uncles, and disabled children, as well as to grandchildren and great-grandchildren. It also means that older people will have a richer network of kin, both proximate and distant, and that this network can be called upon by older generations, who will in turn call upon their older relatives for advice and help when needed. There is a concept in sociology called "the strength of weak ties." Some relationships—even with distant kin—will activate or reactivate as individuals move to new locations, or as family circumstances and needs change. Matilda White Riley calls this form of kinship structure "a latent web of continually

[1]This paper reports findings from a study supported by a grant from the National Institute on Aging (A605450-02), Phyllis Moen and Robin M. Williams, Jr., Principal Investigators.

shifting linkages" (1985, 337). This again calls for new definitions of family and family-like relationships.

The third demographic fact is that, as our society is now structured, Americans spend an increasing proportion of their lives in retirement, and that retiring from work often occurs during the same period as children leave the family nest. There is a real danger of social isolation for those older Americans who live alone and whose children are geographically remote; for those who, as a result of a divorce years earlier, remain estranged from their children; and for those who have no children.

WOMEN'S SHIFTING ROLES, BY AGE



Source: Women's Roles and Well-Being Project
Phyllis Moen and Robin M. Williams, Jr., Principal Investigators

At the same time, retired individuals are an important but untapped resource. We need to think of ways to exploit this valued resource within the community, whether in the form of paid work or unpaid volunteer work. We all know that working for pay declines as people age, particularly in response to changes in pensions and other incentives. But unpaid, volunteer work does not decline in the later years. For example, in my study of women's roles and well-being (Moen *et al.*, 1989), the proportion of women engaged in volunteer activities is higher for women in their 70s than for those in their 50s. In light of these demographic trends, my agenda for the future includes:

- *A broader definition of the family.* Too often we think of families as mothers and fathers and young children. Legally, "family" encompasses those related by blood or marriage. We need to reevaluate what it is that families do for individual members, how these things change over life, and how we can fashion a definition of family that is inclusive, rather than exclusive, of the people who matter to us. This has implications for an array of current policies and practices, from residential zoning policies to policies concerning who gets admitted to see individuals in the intensive care unit of a hospital.
- *More supports for caregivers.* Social scientists have depicted the "nurturant role obligations" of women as wives and mothers as potentially interfering with self-care and, consequently, women's own health (Gove and Hughes, 1979). Caregiving for older or chronically ill relatives is also a nurturant role obligation that can produce role overload and/or role strain. Family caregiving is a tremendous social resource that permits independent living of dependent individuals or augments the existing system of social supports. But often caregivers do not receive the resources and supports they need to do their job.

We need to fashion ways to ease the burden of caregiving and to facilitate the caregiver role.

- *Reappraisal of existing life patterns.* We have, in our society, a lockstep pattern of roles, with education during the early years, followed by employment, and culminating in the "leisure" of retirement. The typical pattern of life for American men has consisted of 20 or more years of schooling, 40 or more years of employment, and the remaining years spent in retirement leisure. For American women, on the other hand, the prime working years have been a combination and sequencing of domestic and paid labor. As women have moved into and remained in the labor force, they have been adopting a modified version of the traditional male life course, but *combined* with their continuing family responsibilities. This means that the years of heaviest family responsibilities are also the years of heaviest investment in building a career, and the years of the least family responsibilities are also the years of retirement. Obviously, we need to redesign the configuration of the life course.

"We need to reevaluate what it is that families do for individual members, how these things change over life, and how we can fashion a definition of family that is inclusive, rather than exclusive, of the people that matter to us."

Rethinking the lockstep pattern of education, employment, and retirement could lead to a variety of arrangements, including a return to school at various ages and continuation of paid work well beyond the usual age of retirement. It could also encourage both men and women to cut back on their working hours or even to take extended sabbaticals while their children are young. The changes we as a society are experiencing call loudly for a thoughtful reappraisal of existing life patterns. This could lead to a reconfiguration of the stages of life in ways that create more options for both men and women in youth, early adulthood, midlife, and the later years.[2]

[2]See discussions by Best, 1980; Kahne, 1985; and Harriman, 1982. Sweden is trying to offer such flexibilities to working parents. See Moen, 1989. The flexibility that new technologies are requiring of the workforce—to change jobs, to be continuously trained and retrained—is comparable to that needed by workers in the early years of childbearing. And see Riley and Riley, 1989, for a discussion of the need to refashion the life course in light of shifts in the age composition.

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FAMILY CAREGIVING: ISSUES AND POLICY OPTIONS FOR THE FUTURE

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There has been a great deal of rhetoric—even hysteria—about what may or may not happen in the future to the pool of family caregivers. This rhetoric centers around the familiar and frequently discussed projected demographic changes, competing demands of employment and caregiving, and other trends that seem to point to a smaller pool of family caregivers in future years. Today, at least 80 percent, and perhaps up to 95 percent, of all long-term care is provided by family caregivers. My "bottom line" is that some of the hysteria is unwarranted.

Caregiving has become a "hot topic" for the media. Lots of stories are written about the "burden of caregiving," "women in the middle," and the "sandwich generation." Not a week goes by that I don't get at least one phone call from a reporter on this subject. The problem I have with many of the stories in the newspapers is that they do not clearly define "caregiving" or "caregiver." Furthermore, when reporters ask me for information about the prevalence of caregiving in the United States, and I give them numbers that may be much lower than someone else's figures, they say they don't want to deal with definitions. Some stories will say a person is "providing care" or is a "caregiver" if he/she takes a perfectly healthy mother to the doctor's office. I would not define such behavior as caregiving. In fact, most of the time when I talk to reporters, the first thing I say is, "Do you know what you want to do with this story? Be really clear about how you define caregiving."

Importance of Defining the Terms "Caregiving" and "Caregiver"

My own working definitions of "caregiving" and "caregiver" are relatively narrow. I define a "caregiver" as someone who assists frail, disabled elderly persons—persons disabled in either instrumental activities of daily living (IADLs)[1] or activities of daily living (ADLs)[2]. That is a relatively restricted definition, but in my view an appropriate one. It is very important to use a commonly agreed-upon definition of caregiving, because definitions affect how we view both the future and the

[1]Instrumental activities of daily living (IADLs) are activities such as using the telephone, managing money, cooking, and taking medications.
[2]Activities of daily living (ADLs) include self-care activities such as eating, toileting, transferring (from bed to chair and chair to bed), and dressing.

magnitude of any problems we may foresee.

Over the past eight years, much of my research and data analysis has focused on caregiving. My principal methodology has been to determine national estimates of the prevalence of caregiving using large, nationwide databases. Using data from the 1984 National Long-Term Care Survey (Christiansen *et al.*, 1986), I have been looking primarily at *national* estimates of current family caregivers to try to get a sense of what it really looks like "out there."[3]

In a recent study, in which I was a principal investigator (Stone and Kemper, 1989), we found that 14 million spouses and children have a disabled[4] elderly parent or spouse. That is equivalent to about 7 percent of the U.S. adult population. We call these people "potential" caregivers because they are facing long-term care decisions, but they may not currently be providing active care.

According to some researchers or reporters, most of these people would be considered caregivers because most probably do provide some type of "support" to an elder—whether emotional, physical, and/or financial. However, we found that fewer than one-third of them—about four million people—are actually giving "hands-on" care to the disabled parent or spouse (Stone and Kemper, 1989). The distinction between a "potential" and an "active" caregiver is important because the words "caregiver" and "elder care" have become terms that everybody takes for granted. It is assumed that we all know what they mean, when in fact, they have been used to describe many different things.

Based on our study of caregiving to disabled elders, one in 60 full-time workers is an active caregiver (Stone and Kemper, 1989). We were restricted to full-time workers because the sample did not include part-time workers. Obviously, the addition of part-time workers might substantially increase the size of the employed active caregiver population.

"Women are having their first children at later ages today, and are therefore more likely to be caring for their children when their parents reach old age and may need caregiving assistance. This will result in more 'women in the middle' in future years."

Our data also show that there are about 676,000 adult daughters and sons who are active (but not necessarily primary) caregivers to an elderly person and *also* have children under the age of 15 (for whom they presumably also provide care). Of these, only about 164,000 are women truly "in the middle"—that is, they are primary caregivers to one or more disabled elders and also have children under the age

[3]Some findings and estimates, using this database, were published recently in *The Milbank Quarterly* (Stone and Kemper, 1989).
[4]Disabled, as used here, refers to functional disability as measured by ADL or IADL limitations.

of 15. This would suggest that we do not have a major "women-in-the-middle" problem at this time. Most caregivers, in fact, do not have young children at home. Nonetheless, many parents continue to provide financial assistance in addition to "hands-on" support to their children throughout their lives. Consequently, although they may not have young children, parents may have continuing child-related responsibilities. Given this phenomenon, the potential exists for child care needs to compete with elder care needs in the future. For example, many middle-aged persons today see their adult children moving back into their homes (Henkin, this volume).

Demographic Trends and Emerging Issues

A trend with important future implications is the graying of America. Between 1986 and the year 2040, the size of the elderly population in this country will increase from 29.3 million (about 11 percent of the total population) to 69.7 million (about 22 percent of the U.S. population). This increase will be due to the maturation of the "baby boom" generation, as well as increased longevity—particularly among those over age 85.

The "oldest old" (the 85-and-over) population will increase from 2.9 million in 1986 to a projected 12 million in 2040—or from about 10 percent of the 65-plus population in 1986 to 17 percent in 2040. This age group is most likely to need long-term care. This mushrooming growth suggests that we will need more informal (unpaid) as well as more formal (paid) caregivers to provide care.

Estimates of the number of disabled elders are also a relevant factor in projecting demand for caregiving. In 1980, about 5.6 million people aged 65 and over were disabled. By 2040, that figure may reach 17.8 million. Disability is highest among those age 85 and over.

Anticipated changes in elderly marriage rates between 1987 and 2040 also will affect both the demand for and the supply of caregivers. The proportion of elders who are married is assumed to remain stable at approximately 54 percent of the total 65-and-over population (Wade, 1989). There will, however, be some very dramatic within-group variation: for example, experts are forecasting a dramatic 13 percent increase for the 75 to 84 age group, and a smaller 7 percent increase for the 85-and-over subgroup. This could mean that proportionately more of the "older" elders over age 85 will be married in the year 2040, as compared with 1987. Since a higher proportion of older people might be married, more spouses might be available to be caregivers. Simultaneously, there probably could be more adult offspring with dual caregiving responsibilities—if both surviving parents should be disabled.

Changes in fertility rates affect the number of children who will be potential caregivers for their aging parents. Today's older elderly females had very low fertility rates and consequently have fewer potential caregivers.

In contrast to the media image that there will be fewer informal caregivers in the future because of these lower fertility

rates, today's young elderly have actually had more children on average than the previous cohort. Therefore, in the near future there will be proportionately more potential caregivers. Declining fertility rates among women who are currently in their child bearing years will probably reverse this trend in the more *distant* future. Women are having their first children at later ages today, and are therefore more likely to be caring for their children when their parents reach old age and may need caregiving assistance. This phenomenon will result in more "women in the middle" in future years.

Divorce rates will affect the availability of and demand for caregiving services in the future. Among persons age 35 to 64, divorce rates are expected to increase slightly between 1976 and 2040—from 13 to 16 percent. There is also evidence that divorce rates among people 65 and over are increasing. Disruption and estrangement of family members could result in fewer potential caregivers. Some empirical studies suggest that divorce itself does, in fact, have a negative impact on the availability of family caregiving. However, since three-quarters of divorced people remarry, the availability of family caregivers could increase in future years, because there will be more "children-in-law," as well as more grandchildren.

The financial status of the elderly population over the next 50 years is also a salient issue in caregiver availability. In constant dollars, median family income for the 65-and-over group is projected to increase from $9,314 in 1986 to $17,210 in 2020. The greatest increase will be for the 65- to 74-year-olds. For the 85-and-over subgroup—the group most likely to need long-term care services—there will be only a slight increase in median family income.

This has important implications for the ability of older persons to purchase private long-term care insurance as well as formal (paid) care. People increasingly are using formal rather than informal (unpaid) services. In the past, the older persons in particular were less likely to use formal services. Today, however, more and more people of all ages seem willing to use and purchase caregiving services.

In addition, the costs of long-term care are expected to rise more quickly than other prices in general, so any increases in income among the 85-and-over group will not keep pace with the costs of long-term care. Consequently, in the future, the oldest-old may actually find themselves less able to pay for care than they are right now. This situation should be taken into consideration when cuts in Medicare benefits are proposed or enacted.

Finally, future labor force participation rates of women have to be considered, because women are the most likely to face the competing demands of employment and caregiving responsibilities for either children or elders. Between 1986 and 2040, labor force participation among middle-aged women—those most likely to have elder care responsibilities—is expected to increase slightly. Seventy percent of women aged 45 to 49 were employed in 1986. Seventy-six percent are expected to be working in the year 2000, with a slight decrease (to 75 percent) in the year 2040.

Male labor force participation rates are decreasing for all middle-aged and elderly groups. This may suggest somewhat fewer

men in the labor force in the future, but also might mean that more middle-aged and older males will be available to provide care.

The implications of these trends are uncertain, however. Elders may live longer, be free of disability and therefore less dependent on their children for caregiving.

The Impact of Policy Options and Changes on Family Caregiving

We should not consider the future demand for and supply of informal caregivers and caregiving without also considering the impact of recent and potential policy changes. Each change we make or recommend will decidedly affect both demand and supply.

One recent change was the enactment of DRGs (diagnostic related groups) and the prospective payment system for reimbursement of hospital-related expenses. While change has led to increased institutionalization (nursing home and other long-term care placements), particularly for older persons needing postacute care, evidence also exists that elders are being discharged to their homes "quicker and sicker." This suggests that the responsibilities of informal caregivers have increased.

Certificate of Need (CON) restrictions and moratoria on nursing home construction or expansion suggest *decreased* access to nursing home beds for elders with IADL and ADL limitations. It is, however, entirely possible that in the future there will be an increase in the supply of nursing home beds to accompany increased demand. Importantly, the availability of nursing home care may directly influence caregivers' decisions about whether to institutionalize dependent family members or continue caring for them at home.

With the advent of the Medicaid 2176 Waiver program[5] and many state initiatives, public financing for community-based long-term care has expanded and the supply of community-based care programs increased. For example, Ohio has received a large infusion of state funds in the past few years. Although the supply of community-based long-term care services may be growing, not much is available at this time, and we don't know how much will be available in the future.

The Pepper Commission has recommended a social insurance program for home care, which, if it became available, would dramatically expand the nationwide availability of formal long-term care services. Though I don't see that coming to pass in the near future, a social insurance program for home care would include services for disabled elderly persons and respite care to relieve caregiver burden.

The impact of private long-term care insurance on the demand for informal caregiving is unknown. Salient issues are:

- the cost and availability of employer-sponsored private long-term care insurance to younger persons;

[5]The Medicaid 2176 Waiver program permits states to provide a coordinated set of non-institutional services for specified groups of individuals (such as the aged or disabled) who would otherwise be at risk of institutionalization or who are already receiving institutional care and need help to return to the community.

- the disposable income of older persons and their ability to purchase private long-term care insurance; and
- the long-term financial status of long-term care insurance policies and their ability to meet future financial liabilities 20, 25, or 35 years from now.

In any case, the future availability and coverage of long-term care insurance will have some impact on the demand for informal care.

Other policy-relevant issues include:

- whether informal (unpaid) caregivers will, or should, be paid for the caregiving services they provide to family members. Many states are currently experimenting with such payments.
- the extent to which, in the future, employee benefits that cover at least some of the costs of family caregiving will be available to working caregivers. These benefits could include unpaid leave, employer-based adult day care, and all of the other kinds of benefits that could help to lessen the competing demands of working and providing care to a disabled elderly person.
- the changing organization of medical and supportive care, including managed care, CCRCs (continuing care retirement communities), and health maintenance organizations, and their impact on the supply and demand for informal caregiving. In effect, experiments in managed care are a kind of insurance mechanism: to the extent they flourish in the future, elderly disabled persons will not need to rely as extensively as they do today on family caregiving.

Conclusion

In conclusion, I will reiterate two key points. One is that definitions of "caregiving" and "caregiver" must be agreed upon when discussing the demand for and supply of family caregivers in the future. How they are defined has implications for estimating the costs of addressing problems, as well as who will and will not benefit from a program or policy. Anyone working in this area, either as an academic or a practitioner, needs to pay attention to exactly what he/she means when using these terms. The other point is that we cannot say with any confidence that the caregiver pool is going to shrink in the future. We really just don't have enough information to make that forecast accurately at this time.

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FAMILY CAREGIVING: THE ROLE OF EMPLOYERS

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Defining Caregiving

If you provide care to elderly relatives who live in nursing homes, you are, by my definition, a caregiver—that is, if you want them to have high-quality care. You must, as a caregiver, visit them, advocate on their behalf with the nursing home staff, deal with occasions when they are transferred to a hospital and back to the nursing home, and generally be a "presence" on site if you want them to receive appropriate care.

For example, in a study I conducted in 1978-79 on the use of psychotropic or mood-altering drugs (including both major and minor tranquilizers) in nursing homes in Maryland (Creedon, 1980), I found that, after controlling for 100 variables, family visiting patterns had by far the most powerful impact on the rate of use of major tranquilizers. The more involved family members were, the less likely the staff were to use major tranquilizers, but the rate of use of minor tranquilizers increased.

Like Robyn Stone (this volume), I am concerned about how "caregiving" and "caregiver" are defined. While I agree that it is important to distinguish between caregivers who provide hands-on assistance with ADLs[1] and those who help with IADLs[2], in my view, caregiving also involves providing such things as financial assistance to an elderly family member. A recent AARP survey of working caregivers (American Association of Retired Persons, 1989) found caregivers providing an average of $117 per month in financial support to older relatives to whom they act as caregivers; and a recent Trans-America study (Scharlach *et al.*, 1990) reported an even higher figure of $165 per month. Further, a University of California study on caregiving among employees of its Lawrence Livermore Laboratories (Ingledue, 1990) found that 18 percent of staff considered themselves to be caregivers; and a very high percentage were, in fact, contributing financially to the care of an elder relative, averaging more than $200 per month.

In a multicorporation study that Donna Wagner and I conducted in 1985-86 (Creedon, 1987), we asked the question about financial support: "Have you provided financial help to your older relatives within the past six months?" More than 60 percent of respondents said "yes." Unfortunately, I did not include follow-up questions such as, "How much

[1]Activities of daily living (ADLs) include self-care activities such as eating, toileting, transferring (from bed to chair and chair to bed), and dressing.
[2]Instrumental activities of daily living (IADLs) are activities such as using the telephone, managing money, cooking, and taking medications.

have you given?" and "For what purposes?" Nevertheless, these findings focused my attention on the importance of financial giving as part of the caregiver role. Given the geographic mobility of our society and the growing proportion of families that are split up and scattered all over the country, it seems clear to me that for families with caregiving responsibilities, providing financial support for the purchase of formal services will become an increasingly popular method of "caregiving" in the future. If you are unable to be there yourself, then being able to purchase formal services for your dependent elder is an obvious substitution for your personal or "hands-on" help.

"Given the geographic mobility of our society and the growing proportion of families that are scattered all over the country, . . . providing financial support for the purchase of formal services will become an increasingly popular method of caregiving in the future."

In its 1988-89 study, IBM also found that some 50 percent of its workforce who considered themselves caregivers provided long-distance services or help (Piktialis, 1990). While IBM has a large and highly technical workforce (numbering some 240,000 employees) and a benefit structure that really cannot be compared with what small companies can afford, IBM's experience suggests that as a nation we must create more long-distance (non-hands-on) caregiving options.

Many kinds of formal services, including nursing homes, home care, case management (when a professional assesses needs and coordinates service delivery by others), as well as family financial assistance, are needed. These services will continue to be needed especially by families that are unable to provide caregiving in the more usual sense of the word—that is, hands-on assistance.

Mental health is another important issue. In a major study of Alzheimer's disease, reported in the *Journal of the American Medical Association* (Evans *et al.*, 1989), the prevalence of Alzheimer's disease was found to be much higher than previous studies have suggested. In addition, a dissertation recently completed at Columbia University by Viola Pirie-Lechner (1989) found that the most powerful factor affecting a caregiver's willingness and ability to continue providing personal care to a dependent elder was the attitude of that elderly relative. That is, the emotional and affective responses of the older person were very, very powerful in determining the family's willingness to perform hands-on caregiving.

These two studies suggest that we need to help caregivers understand and accept the difficult emotional and mental health problems that can accompany dependency.

Long-Distance Care Problems

Providing transportation for elderly people who are unable to drive or who are isolated from the services they need is a critical caregiving responsibility. Fifty-five percent of today's elderly live in suburbia (National Council on the Aging, 1989). I believe that data from the 1990 Census will show a continuing rise in the proportion of elderly people living in suburbia. For the next decade or so, many elderly people living in suburban and rural locations will have serious problems with transportation.

Rural older people face tremendous isolation problems because of lack of transportation. Significant out-migration of the able-bodied adult population from the rural areas of America has occurred over the last decade. Generally, elders have remained in the rural areas while their younger family members have moved away. Thus, major transportation problems for rural elderly people have been exacerbated and must be recognized and accounted for in caregiving considerations and public policy. Transportation for elders is a caregiving obligation for families, and it certainly also should be a public policy issue. We need public policies and programs that take into account the growing number of elderly people living in suburban and rural locations who do not have access to automobile transportation.

Today, a large proportion of widows live in single family dwellings by themselves. Living alone, particularly with a lack of available transportation, contributes to social isolation. A recent survey on housing (American Association of Retired Persons, 1990) found that 86 percent of older people want to stay in their own homes—want both to live and die there—rather than move to retirement communities.

In the next decade, we will experience the additional problem of access to long-term care. Today, there are approximately 1.4 million long-term care beds in the United States. By the year 2000, the need for long-term care beds is estimated to be about 3 million, but at the current rate of growth in nursing home beds, we will reach nowhere near that number. State governments are finding that one way to control the Medicaid budget is to put a freeze on long-term care bed licensure, or simply to put quotas on the addition of new beds. (If you don't have the beds, you don't have to pay for them.) That's going to create a growing problem for the very frail elderly as we look ahead.

I recently conducted a survey on discharge planning from hospitals to Washington metropolitan area nursing homes (Creedon, 1990). The average private-pay patient or Medicare patient was discharged to a nursing home within one to three days after the decision to discharge. In fact, a number of hospitals mentioned that they were able to find nursing home placements for these patients on the very same day they decided to discharge. In the minds of many elders, a move to a nursing home still means a "death sentence." Because nursing homes will be used more and more for post-hospital care, maybe we will eventually get over that kind of attitude towards nursing homes.

This survey documented that placement of the average *Medicaid* patient took from three weeks to three months following the decision to discharge. And, needless to say, the nursing home could be

anywhere. The Medicaid patient really has no choice; he or she has to take an available bed wherever it is located. We are beginning to see a divergence in the ability of the more well-to-do and the low-income elderly to find satisfactory long-term care services.

The poorer elderly also tend to have less resource-rich families. I haven't seen any estimates of the average financial contribution by blue-collar workers towards the care of their older relatives as compared to white-collar workers. Intuitively, it would seem that blue-collar workers are less able to purchase those services that would allow their low-income older relatives to have a choice in nursing homes, home care, or other long-term care services.

In the future, the demand for long-term care beds will exceed the supply even more than it does today. Consequently, poor people will increasingly have more limited access to long-term care beds. It is obvious that nursing homes with a choice between private pay patients and Medicaid patients will choose higher-income and private-pay patients. Thus, we are going to be looking at more and more inequities in the provision of long-term care services.

Alternative Care Solutions

On the positive side, however, rapid growth is occurring in the availability of adult day care services today. The number of day care centers has increased fairly consistently, at a rate of almost 20 percent per year. Right now, there are more than 2,000 adult day care centers nationwide. By the year 2000, it would not surprise me if at least 4,000 adult day care centers were in operation. Some corporations are interested in adult day care as a response to their employee caregivers, but at present few corporate day care centers exist.

The hospital industry will probably respond to its employees' caregiving needs most rapidly because hospitals are in the caregiving business and because they have been providing child care services for nurses for years. A recent study by the International Foundation of Employee Benefits (1990) found that 10 percent of corporate respondents said they would be supporting or developing adult day care programs for their employees by the year 2000, a surprisingly high percentage, in my view.

Adult day care may be of great assistance to employees who are caregivers. However, I estimate that it would meet the needs of fewer than 20 percent of working caregivers because so many of them have long-distance caregiving roles, bed-bound dependent elders, or they provide only chore or transportation services, and so forth. Adult day care meets the needs of only a minority of working caregivers.

Legislation was introduced in the Michigan General Assembly recently that would provide tax credits to companies that develop intergenerational day care programs. In 1989, Stride Rite opened the first intergenerational on-site day care center. Some legislators support this concept and are attempting to stimulate its replication. I am impressed, however, by the California model. In 1990, the state legislature introduced a bill to provide up to $50,000 in tax credits for companies that develop eldercare programs. Under this

proposal, corporations would be allowed to develop services as they see fit, rather than held to a specified, narrow interpretation of the concept.

Corporate Caregiving Services

The International Foundation of Employee Benefits study in 1990 also suggested that more than 53 percent of companies would provide caregiver information and referral services for employees by the year 2000. Many corporations will provide these services because they are cost-efficient benefits—capitated at approximately $9 or $10 per employee. Some companies, however, are investigating employee benefit strategies that will include, for example, home care assessments of the dependent elder.

According to a recent National Insurance Association of America survey (1990), 100 corporations are currently offering group eldercare policies to their employees. However, only three percent of the 1.5 million policyholders have gotten their policies through their workplace, and none of those are employer-contributed. What the employer is offering is simply a group rate—and not the cost of the service.

More and more corporations are offering flexible benefits. Flexible benefits are now offered by some 50 percent of major corporations. By the year 2000, I expect that at least 75 percent of major corporations will be offering flexible benefits. My reason for optimism is that some employers have capped the dollars put into benefits. What they have done is simply increase the employee's choice of available benefits. Since the employee selects the benefits he or she wants, offering an eldercare benefit would represent no additional cost to the employer. In one sense, that would increase employers' willingness to offer eldercare-related benefits. On the other hand, it would make it incumbent upon the employees to choose which benefits they want: more dental coverage, long-term care, an information and referral service, or other benefits.

Though there will be a wider array of employer-to-employee-based supports for caregivers, one should not expect a great increase in the availability of direct dependent-care resources to working caregivers. However, there will be a rapid increase in the number of companies offering flexible work schedules. Some 75 percent of midlife women are in the workplace, and an estimated 60 percent of new entrants to the labor force in the next decade will be women. A fair number of those new entrants will be "women in the middle" who have caregiving responsibilities to their own children as well as to their parents. Consequently, I think corporations are becoming much more

"Though there will be a wider array of employer-to-employee-based supports for caregivers, one should not expect a great increase in the availability of direct dependent-care resources to working caregivers."

aware of work-family issues. Providing flexible work schedules seems to be the heart of helping an employee to deal with these issues. Only 15 percent of employers currently offer flexible work schedules, but by the year 2000, 30 to 40 percent of employers may offer flexible work schedules to their employees.

In addition, leave-of-absence policies are becoming increasingly common. The current standard seems to be about six months. Major corporations will be offering these, regardless of government regulation. However, the reality is that most Americans don't work for major corporations. Most Americans work for smaller companies, and most small businesses will not offer leave policies to their employees unless the law requires it. However, eventually employers may be required by law to provide a leave-of-absence option to their employees. New Jersey, Connecticut, and six or seven other states now require employers to have leave-of-absence policies. When enough major states, such as California, New York, Pennsylvania, and Illinois, require a leave-of-absence policy, corporations—especially national corporations—will begin to support national legislation on this issue. By the year 2000, there should be such a national, mandatory standard, and it will certainly aid employed caregivers.

The other issue I hope will be addressed through public policy concerns dependent care assistance plans. These plans allow employees to take a portion of their salaries on a pre-tax basis and apply it to caregiving services. Dependent care assistance plans can be a tremendous asset to caregivers of older persons—particularly long-distance caregivers. However, these plans are now being used by about 4 percent of employees, almost exclusively for child day care. There would be an explosion of interest and support for adult day care if it were to become widely available (with appropriate services) for dependent elders. Present rules are very restrictive: to qualify as providing dependent care to an elder, caregivers must demonstrate that they are responsible for 51 percent of the cost of the care; the dependent has to be living with the caregiver eight hours a day (which means 56 hours a week); and the dependent elder must also be dependent on the caregiver for tax purposes. Your baby meets all of these requirements; your mother may meet none of them. Yet, as the caregiver, you may be providing extensive care to your mother.

As a revenue generating measure, Congress has considered eliminating this benefit. But, if we are fully committed to reinforcing and supporting family caregiving over the next decade, then we have to work very hard to insure the availability of these tax credits for working caregivers.

Finally, the efficiency of family care must be addressed. Eighty percent of the care to the elderly in the community is provided by families. In white families, generally one person is the primary caregiver, carrying the bulk of the caregiving load, with other family members making minor adjustments in their lives. Usually, it is the oldest daughter or the spouse—the one who is close at hand—who takes on the caregiving role in an emergency situation, without much deliberate thought being given to how the family as a whole might provide care to their dependent elder. Actual caregiving

often begins in a very informal and often very emotionally laden fashion. In black and Hispanic families, caregiving patterns are much more diffuse. While families provide about 80 percent of the care, it is far from a fully effective family *system* that provides care. Typically, there are very skewed caregiving role patterns.

We need to help families organize themselves effectively and efficiently as caregiving units. The "professionals"—those designing corporate and public policies—must be actively involved in this process. One of the major efforts of the next decade must be to find ways to bring the resources of the entire family to bear effectively and efficiently in the provision of care to dependent elders.

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